

A Moral Ordering of Supported Care: A Case Study

by

David Wareing, B.Sc. (O. T.)

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David Ware
20 April 200

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Abstract

An ethnomethodological approach is used to analyse the natural occurring talk between six support-workers and an allied-health professional as they go about their business of formulating a behavioural management plan for Jane, a woman with a severe intellectual and communication impairment. Using Sacks' (1974) Membership Categorisation Analysis, the thesis explores the way 'Jane' is categorised by the people at the meeting and how these people formulate their own membership to the categories 'Support-Worker' and 'Professional' through situational practices.

The first of the three results chapters looks at accounts of choice as formulated during the meeting; the second examines the given-voice that is attributed 'Jane' by support workers; while the third, looks at assignment of the pronoun 'it' to describe Jane. The thesis concludes with a discussion of the findings and limitations of the investigation as they apply to ethnomethodology literature and the *Social Model of Disability* (Oliver, 1996).

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On a personal note, I thank my wife for not divorcing me during my candidature, even though she promised to do so on numerous occasions, especially during the birth of our son Oliver John.

I dreamed I saw Joe Hill last night,
Alive as you or me.
I says, 'But Joe, you're ten years dead'.
'I never died,' says he.
'I never died,' says he.

(Alfred Hayes, 1936)

Dedicated to the memory of
Bob White

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Back Pocket: Publication Relevant to the Thesis

Wareing, D., & Newell, C. (2002) Responsible choice: The choice between no choice.
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Introduction

The important problems of social change, [as] I would take it anyway, would involve laying out such things as the sets of categories, how they're used, what's known about any member, and beginning to play with shifts in the rules of application of a category and with shifts in the properties of any category. (Sacks, 1979, p. 14)

This investigation utilizes naturally occurring talk between six support-workers and an allied health professional as they go about their business of 'doing' a behavioural management plan for Jane, a woman with a severe intellectual and communication impairment. The focus of the investigation is not the behavioural intervention or the values and attitudes of the people attending the assessment meeting; instead it is the procedural knowledge in use. This knowledge will be used to explicate something of the underlying social order found in the meeting by examining the interactional work of the session's participants. The investigation is offered as an empirical case study that seeks to make visible the 'cultural knowledge and logic in use' (Baker, 1997, p. 131).

This stance, as Wooffitt (1992, p. 11) points out, is in contrast to alternative methods of social science research that take as their 'resource' the descriptions and explanations of the participants of the study. These descriptions and explanations come in many different forms, such as questionnaires, one-to-one interviews, or focus groups, and are taken as being independent of interactional work conducted in their formulation. This study takes the interactional work done in the formulation of descriptions and explanations used during the behavioural assessment session and makes these formulations the topic of the investigation.

Hence, this investigation seeks to make explicit the logic used in the selection and tendering of accounts. The selection of any description over an alternative one is a practical rather than a philosophical problem: it is something people deal with every time they describe something - any description is a selection (Wooffitt, 1992, p. 14). As J. R. Austin (1973, pp. 106-107) suggests on asking the question "What did he do?", we

might reply either, “He shot the donkey” or “He fired a gun” or “he pulled the trigger” or “He moved his trigger finger”, and all may be correct’. In the same way, the reply to Austin’s question could have said, ‘He shot Jill’ or ‘He shot the ugly one’ or ‘He shot the one second on the left’.

The premise to this project is that practical reasoning can be made explicit by examining how accounts are formulated within a given context. This investigation is interested in what categories are selected, the attributes tied to these categories, and the function these categories play within the interactional work occurring in the behavioural management session. In so doing, this thesis seeks to make visible the practical reasoning used to formulate the description of the various categories noted during the session by describing the practical reasoning used in their selection.

Attributing Disability – A Political Stance

Mike Oliver (1996) provides a useful introduction to the political nature of this undertaking. Oliver’s materialistic discourse assists us to identify oppression and to work for the emancipation of people with impairments. As Race (1995a, p. 13) suggests, the classifications used to categorise ‘people with learning disabilities’ reflect society’s contemporary standards and understanding of the nature of impairment. These classifications reflect a political position.

Hence this thesis provides support for Oliver’s (1996, pp. 30–42) *Social Model of Disability*, labelling disability in terms of society’s response to an individual’s impairment, that is, people are disabled by society. Accordingly the terminology used in this thesis is ‘people with an intellectual impairment’. I have selected this label consciously to reflect the political stance of this investigation. I acknowledge that the term may not reflect the preferred identifier of self-advocacy movements, such as the *People First Movement* who advocate the use of ‘learning difficulty’ (Rapley and Ridgway, 1998).

Overview Of The Project

Each following chapter has a particular focus in this thesis. Chapter Two addresses the theoretical underpinning of the investigation. The theoretical framework adopted by this thesis is based on Harold Garfinkel's (1967) formulation of ethnomethodology and the subsequent work of Harvey Sacks (1992a, 1992b). As Cuff, Sharrock and Francis (1990, p. 181) note, ethnomethodology is not a theory of social life, but a program of empirical inquiry.

Chapter Two relates to the theoretical aspects of the methodology and not to a proposed theory of social action. The intent of the chapter is to act as a broad introduction to ethnomethodology, first by introducing formulations of Garfinkel, followed by the related work of Sacks and his quest for an empirical science of sociology. Chapter Two concludes with an explanation of Sacks' (1972, 1974) membership categorisation analysis. This will be the main analytical tool used throughout the thesis.

Chapter Three identifies the phenomena under investigation and places the project in historical and social context. This chapter takes as its backdrop the deinstitutionalization movement of the latter half of last century, looking at the theoretical premise of this movement, its outcomes and the evolution of the community group home for people with an intellectual impairment. The chapter concludes with an examination of the support practices found in small residential accommodation settings for people with an intellectual impairment, suggesting that institutional practices are tied not just to place or practice, but also to the *doing* of supported care.

Chapter Four reflects upon the methodological implications of the investigation and how these were applied to the selection, collection and transcription of the data. As a method chapter, this section deals directly with the technical considerations in carrying out the investigation to ensure reliability of the data. However, this chapter does not analyse the method used to access the data. The analytical method used to explicate the practical reasoning in use during the session will be explained in each of the three results chapters. A single case analysis is used in Chapter Five, a sequence analysis of Jane's-given voice in Chapter Six and deviant case analysis in chapter Seven.

Accordingly, the first of the three results chapters, Chapter Five, looks at an account of choice as formulated during the meeting (Wareing and Newell, 2002: Wareing and

Newell, in preparation); the second, Chapter Six, examines the given-voice attributed to Jane by support workers; while the finally analytical, Chapter Seven, deals with the attribution of the pronoun 'it' to Jane.

In Chapter Eight, the findings of this investigation are discussed in the light of the ethnomethodological literature and the Social Model of Disability as articulated by Oliver (1996, p. 32).

What follows is an ethnomethodological investigation formulated to examine the practical reasoning in use between six support workers and an allied-health professional as they go about their business of formulating a behavioural intervention plan for Jane, a woman with a severe intellectual and communication impairment. This thesis is an investigation into the reasoning used in the formation of that plan; that is, the way that descriptions are used and how those descriptions are formulated. The methodology employed for the thesis has been chosen to explicate the practical reasoning in use and make it visible. This investigation is not about the seven people at the meeting. It is not about their attitudes or beliefs. This investigation is about the practical reasoning used in this meeting.

Although the methodology chosen for this thesis has been used extensively in the study of social order (see Garfinkel, 1967; Potter & Wetherell, 1987; Edwards and Potter, 1992; Sacks, 1992a, 1992b), it is still a novel form of research methodology with disability studies. To the reader who is either familiar with or an advocate of alternative paradigms tied to disability field, such as cognitive-behavioural psychology or the materialist discourse, the methodological premise of this thesis will contradict and challenge those traditions. The next chapter will explore the methodological tradition of this thesis.

CHAPTER TWO

An Ethnomethodological Conceptualisation of Practical Reasoning

I want to propose that a domain of research exists that is not part of any other established science. The domain is one that those who are pursuing it have come to call ethnomethodology/conversation analysis. That domain seeks to describe methods persons use in doing social life. It is our claim that, although the range of activities this domain describes may be as yet unknown, the mode of description, the way it is cast, is intrinsically stable. (Sacks, 1984a, p. 21)

This chapter develops an ethnomethodological perspective of practical reasoning. It demonstrates the means by which it is possible to make explicit the reasoning in use as people go about their business. In ethnomethodological terms, the practical reasoning in use is a social phenomenon derived from the co-ordinated actions of individuals. It is this action, defined in terms of what individuals do and how they do that task or activity, that makes available for analysis the practical reasoning in use. In the case of this investigation, the point of action is the talk between six support workers and an allied health professional, as the seven people go about their business of *doing* a behavioural intervention session.

The chapter is in two parts: Part One gives an overview of fundamental theoretical tenets tied to ethnomethodological investigation as formulated by Garfinkel (1967); and Part Two explores the work of Sacks (1972, 1974) and his method of membership categorisation analysis.

It aims to provide a theoretical underpinning for the investigation via practical examples, and reviews a number of ethnomethodological studies that have been successful in making explicit the practical reasoning in use.

Part One: Theoretical Foundations

Ethnomethodology studies the means by which members construct and sustain accounts from which sociological phenomena are constituted (Wilson & Zimmerman, 1980, p. 53). Ethnomethodology is a 'domain of inquiry', that seeks to describe how everyday activities achieve their organisational order, by investigating how people make sense of their own and other people's action in the 'here-and-now' (Brandt, 1992, p. 318). Social order is 'participant produced', brought about when people 'do' any task or activity, be that activity walking the dog, going fishing, running for election or any other task no matter how little, mundane or ordinary (Cuff, et al. 1990, p. 173). Sacks (1992b, p. 240) saw social order as a 'by-product' of 'doing', a product of a 'machine' that was 'designed' to 'do something else' or 'nothing in particular'. Social order is an incidental happening brought about by people *doing* their daily lives, yet at the same time it maintains those very same lives by ordering the *doing* of those lives.

Wieder's (1974) study of life in a halfway hostel for narcotic felons in America serves both as an example and explanation of ethnomethodology's approach. Wieder carried out his investigation by talking to and observing the residents and the staff as they went about their business. Wieder (p. 153) found some of his 'relatively friendly line' conversations with residents and staff were terminated with the resident saying, 'You know I won't snitch'. Wieder, rather than seeing this utterance as indicating a set of rules that governed the residents' behaviour, examined it in terms of what this utterance was doing and what it achieved. Wieder realised that the utterance constrained the immediate social environment, by constructing what he had just said as being an inappropriate question to ask a resident, and, in turn, marking it as an illegitimate question for the resident to answer. For example: 'For you to ask me that, would be asking me to snitch' (p. 153). This provided the resident with a reasonable explanation and a motive for not replying to the question; that is, 'I'm not answering in order to avoid snitching' (p. 153); and, since snitching occurs between residents and staff, it defined Wieder as an outsider and the resident as an insider.

The Normative Paradigm

Ethnomethodological approach is brought into contrast when compared to 'normative paradigm'. In the normative paradigm 'norms' are essential, for once 'actors' (that is, societal members) are able to recognise situations in common, the application of common norms enables the actors to produce joint actions and, in so doing, to establish a stable

social order (Wilson, 1970, p. 698). However, this leaves the actor unchanged by their circumstances and the course of their actions. Garfinkel rejects the notion that societal members are 'cultural and judgmental dopes' who are simply pushed around like logs in a river by higher-order forces that are beyond their control (Heritage, 1984, pp. 110-115). Instead, societal members participate in the construction of their social world. It is a world that is achieved through societal members' interactional work. This does not mean societal members are free to do what they want. As Wieder (1974, p. 153) discovered, in the case of the interaction resulting in the utterance: 'you know I won't snitch', the interactional work that achieves that social order constrains that order by forming it in one way rather than another. Wieder was treated as an outsider and not as a resident. As Wilson and Zimmerman (1980) note societal members experience social structure as a 'recalcitrant condition' for their actions (p. 55).

Reflexivity

Garfinkel sees societal members not as passive observers of what is happening, but as members engaged in the production and management of their 'everyday' affairs. As Heritage (1984) suggests, Garfinkel believes societal members' 'actions reflexively contributing to the sense of the scene which is undergoing development as a temporal sequence of actions' (p. 104). Reflexivity refers not to self-consciousness of values, attitudes or the like, but to the way 'understanding is constituted locally, *in situ*' (Silverman, 1998, p. 39). Members' points of view are displayed at the level of everyday deeds and words. The social world and the social knowledge in use is a 'practical matter' made stable and coherent by the way actors account for their actions and make those actions accountable (Wilson and Zimmerman, 1980, p. 58). This is a fundamental point. As Garfinkel (1967) writes:

The activities whereby members produce and manage settings of ordinary everyday affairs are identical with members' procedures for making those settings 'account-able'. The 'reflexive', or 'incarnate' character of accounting practices and accounts makes up the crux of that recommendation. (p. 1)

For Heritage (1984, p. 110), Garfinkel formulates norms as reflexively constitutive for the activities and unfolding circumstances to which they are applied, rather than being seen to regulate conduct in pre-defined scenes of action. It is through this reflexive

accountability of action that the ordinary actors, 'find themselves in a world whose characteristics they are visibly and descriptably engaged in producing and reproducing' (p. 100).

Using Sacks' description of 'traffic' as a metaphor, Silverman (1998, p. 37) explores how society's members produce and reproduce social order by referencing what is inferred. As a means of explanation, Sacks described the way drivers actively organise traffic; how single cars are collected together into sets of cars, rather than being 'seen' as just 'some' cars. This coming together of cars into traffic happens 'pretty much wherever, whenever, whoever it is that's driving'. It is a thing that drivers 'do'; a social fact. And in turn, what the 'traffic is doing' (i.e. how these sets of cars are travelling) which allows drivers to see themselves as driving fast or slow. The 'traffic' is self-organised to the extent that drivers will set their speed in comparison to the speed of 'the traffic' (i.e. 'traffic' is produced and reproduced by drivers).

The Documentary Method of Interpretation

From an ethnomethodological stance, commonsense knowledge is not held as rules written in stone that are stable from one situation to the next or governed by an overriding premise or premises. Rules, instead, guide action; but they do not predetermine the outcome of that action. Commonsense is inferred by actors, both in terms of what they have done, what they have seen happen and how this happening is taken as being associated with an ongoing patterning of reproduction and production of the surrounding social order. Garfinkel (1967, p. 78) labelled this process of inference as being the 'documentary method of interpretation'; that is, members treat an 'actual appearance' as 'pointing to', as 'standing on behalf of' a 'presupposed underlying pattern'. In this formulation, Garfinkel does not take an underlying pattern as derived from the actual incident, but from 'what is known' about the pattern. Accordingly, the pattern and the incident are used to 'elaborate' each other.

As Coulon (1995, pp. 32-34) suggests, Garfinkel's formulation of the documentary method of interpretation explains how this underlying social-reality is used to link 'appearances/happenings' together into an underlying pattern, where the action of societal member is seen as the expression of a pattern that in turn allows the action to be

seen. The search for 'reality' employs a method where appearances are interpreted as 'documenting' some underlying reality (Silverman, 1998, p. 38).

What is of interest to the ethnomethodologist is how members carry out this search for reality. As Wilson (1970) writes:

the documentary method of interpretation is treated, not as a resource taken for granted in the study of patterns of action, but as a topic for study itself. In this case, the phenomena under investigation shift from the actions of the participants to the way the interpretive process is used by them so as to produce for them the sense of a shared, orderly world. (p. 706-707)

Theoretically, at least, the ethnomethodologist is 'indifferent' to what type of activity is being done. Among the range of activities that ethnomethodologists have studied includes Garfinkel's (1974) work on the organization of medical records; Livingston's (1986) the construction of a mathematical proofs; and Billing's (2001) examination of the racist joke of the Ku Klux Klan. As Garfinkel and Sacks (1970) insists 'ethnomethodological indifference' allows the ethnomethodologist:

to describe members' accounts of formal structures wherever and by whoever they are done, while abstaining from all judgements of their adequacy, value, importance, necessity, practicality, success, or consequentiality. (p. 342)

As H. Austin (1996, p. 76) citing Lee (1987, 1991) suggests, the practical implications of the 'ethnomethodological state-of-mind' is that questions addressing categories and their relationship to social phenomena under investigation are suspended until they are made relevant as attributes and activities of the action of the participants under investigation. In this formulation, the notion of theory is put aside. Social activities are taken as observable events that are jointly produced between the people who are *doing* them, rather than being the result of cognitive process, personality or culture. The researchers main task is to provide a description in terms of what the societal member is *doing* and how they are going about that *doing*. Moerman's (1974) study of ethnic tribal groups in Thai village society serves as a means to examine this point.

Moerman's (1974) study of ethnic tribal groups in the Thai village of Ban Ping sought to identify what customs and practices made these groups recognisable within the village as belonging to distinct ethnic groups. Initially, Moerman's work centred around identifying the customs and practices of the ethnic Lue of Ban Ping village and comparing these

practices to those of their neighbours. Compiling a list of traits to distinguish the Lue from their Ban Ping neighbours, Moerman (1974, p. 62) observed an overlap between the inventory of traits that the Lue attributed to themselves as accounting for their ethnic identity and those of the Ban Ping. The traits list did not serve as a means to describe the ethnicity of the Lue but simply allowed Lue to call themselves and their customs 'Lue' because they were both 'Lue'.

Moerman (1974, p. 61) saw the assigned ethnicity attributed by the identification of the traits was not induced, but retrospective. Assigning the label 'Lue' to an activity was dependent on recognising those who were doing the activity as 'Lue'. So assigned, any activity could be attributed to or taken as an ethnic trait of the Lue. As Moerman (p. 61) writes, 'the "truth" or "objective correctness" of identification is never sufficient to explain its use'.

Moerman (1974, p. 62) proposed an alternative line of enquiry, asserting that the question is not 'Who are the Lue?', rather the question of 'when' and 'how' and 'why' the label 'Lue' is preferred. Working from this perspective, Moerman (p. 67) argues that anthropologists have 'more naïveté than the any native' not solely because they do not distinguish between native cliché attributes and analyses of those attributes, but because they seek to ascribe a category of subject, ethnic identification, without taking into account how that category is used and what it is used for.

Moerman (1974), as Silverman (1993, p. 55) suggests, 'neatly' summarises ethnomethodology's alternative to other forms of social science in her conclusion, noting:

anthropology's apparent inability to distinguish between warm striking human bodies and one kind of identification device which some of those bodies sometimes use. Ethnic identifications devices – with their important potential of making each ethnic set of living persons a joint enterprise with countless generations of unexamined history – seems to be universal. Social scientists should therefore describe and analyse the ways in which they are used, and not merely – as natives do – use them as explanations. (pp. 67-68)

Side Stepping The Theory To See The Phenomena

For the ethnomethodologist, the ethnographic and quantitative social scientist is reliant on commonsense to produce their accounts of social phenomena. The descriptions they offer

are not seen as rigorously grounded in the analysis of data but as derived from inferences formulated from theory rather than the characterizations of the phenomena under investigation (Watson, D. R., 1994, p. 179). In the same way, Wilson (1970, p. 703) sees the literal descriptions offered by the natural scientist being built on unexplicated reasoning, brought about via the research process that a particular scientific community engages in and the accounts of this process by competent members of that community. The knowledge relied on by this community is usually taken for granted, as being derived from having and using this very same body of knowledge in the first place.

Ethnomethodology attempts to reverse this process. As Garfinkel (1967) stresses:

The members of a setting are, at all times, engaged in producing and interpreting, in 'making out', the sense of their circumstances and the constituent actions of these circumstances as serious practical task with unavoidably significant conclusions. The recommendation is for studies which analyse these phenomena seriously, carefully and, above all non-ironically, for it is through these means that the members of a society create and enact the circumstances in which, through their actions, they find themselves. (pp. 32-4)

It is at this point that Part One, the theoretical foundations of the investigation draws to a close. The distinctions between Part One and Part Two are somewhat illusory, as the fundamental tenet of ethnomethodology is that it is not a theory but a methodology for investigation. Separating the methodological implications of the investigation from the theoretical foundations of the approach may suggest it is possible to separate one from the other. In reality this separation serves as a means of explanation and as a convenient way of introducing the work of Harvey Sacks (see 1972, 1974, 1984a, 1984b, 1992a, 1992b).

Part Two: Harvey Sacks

In Part Two I will explore Sacks' work on category membership and the way that this investigation will use the description offered by Sacks as means to explore practical reasoning in use.

Order At All Points

Sacks' belief, as asserted by Schegloff (1992a, p. xxxii), was that it was possible to have accounts of action by societal members that are not dependent on cognitive descriptors, but are reproducible and stable, and hence scientifically adequate. As Sacks (1989, p. 212) suggests, his proposal was for having a 'natural observational social science'. Sacks' (1963) proposal placed significance on the description of the findings and placed emphasis on the accounts of the methods used by the investigator.

Sacks (1984a, p. 21) considered the 'important theories' of social science as viewing society as a piece of machinery. This social science machine produces 'relatively few orderly products'. The ones that are produced come from the front of the machine, whereas the rest, are 'more or less random' products, spewed as 'garbage' from the rear. For Sacks, the social science machine was engineered to generate 'orderly' data, to address 'good problems' on 'big issues'. He proposed an alternative machine, whereby 'whatever humans do can be examined to discover some way they do it, and that way will be stably describable' (p. 22). For Sacks, it was the processing of the social science machine that fractured and diffused the social order found in human action. Removing this machine and examining what people did and how they did it, no matter if that task or activity was mundane, occasional or local, would provide an alternative stance: 'that there is order at all points' (p. 22).

In this way, Sacks (1984a, p. 22) proposed the usefulness of a culture that produces 'order at all points' is its ability to permit societal members to 'come out in many ways much like everybody else and be able to deal with just about anyone else'. Members of that culture would be 'workable things in a society', even though they may only have been exposed to small and randomised lots of that society. As Sacks (p. 22) suggested, a child may only encounter a small portion of culture, and that portion is dependent on the child's parents, yet that sampling is sufficient to enable the child to take his or her place as a workable member of society in his or her culture. For Sacks', if culture is so arranged, and if there is 'order at all points' (p. 22), then the research could use the same methods to 'tap into whomsoever, wheresoever, and to get much the same thing'. As Sacks suggests:

Our aim is to get into a position to transform, in an almost literal, physical sense, our view of 'what happened,' from a matter of a particular interaction done by a

particular people, to a matter of interactions as products of a machinery. We are trying to find the machinery. In order to do so we have to get access to its products. At this point, it is conversation that provides us such access. (pp. 25-26)

In this proposal, the description of the research findings should not only allow access to the outcome of the study but also allow the reviewer to have access to the data in order for them to draw their own findings. Reproducible, and hence scientifically adequate data would be available via producing accounts of the methods and procedures used to produce those very same accounts. As D. R. Watson (1994, p. 175) asserts, Sacks was interested in 'knowledge how' rather than just 'knowledge that': '*how*, interlocutors sequence their talk, *how* they methodically arrive at decisions...*how* they actively make, display and share sense of ordinary settings, actions and identities' (p. 175).

In practical terms, Sacks' (1984a) proposals stepped away from the notebook of the ethnographer and anthropologist, and turn to a rigorous naturalistic analysis. The tape recorder was Sacks' method of choice in capturing social interaction. In this medium, data can be repeatedly played and replayed to facilitate exhaustive examination. In the same way, the data can be transcribed and posted with the analysis, thereby allowing the reader the opportunity to make his or her mind up on the linkages drawn between the data and the findings. As D. R. Watson (1994, p. 169) proposed, Sacks was attempting to allow commonsense to be analysed empirically by capturing the 'culturally-methodic character of social action and interaction'.

Talk as a Site of Social Action

From an ethnomethodological stance, 'talk', or more specifically, 'talk-in-interaction', is taken as a prime site of social action. As Moerman (1988 cited in H. Austin, 1996, p. 88) suggests:

While there are certainly other legitimate concerns for social science, face-to-face interaction is the constitutive substrate of social phenomena. Everything that matters socially – meaning, class, roles, emotions, guilt, aggression, and so forth and so on – is socially constructed. Theories about how such thing are learned and experienced, and about how to study them, which are not built to the specifications that interaction requires, are wrong. (p. 1)

Similarly, Sacks (1984a, pp. 26-27) took talk as being a primary place to capture social action. D. R. Watson (1994, p. 172), suggests Sacks proposed language was the medium for the transmission of culture, of 'knowledge-in-action' for it acted as a 'ready-made', 'already-constituted', 'socially derived constructs' and 'characterizations', typifying person, conduct and environment: that is, 'describing typical means for bringing about typical ends in typical situations' (p. 179). In essence, talk is more than just a medium of information exchange, it is an activity, a place of *doing*, where the participants in that talk organise their reasoning, actions and interactions, in an orderly, recognizable and rational manner.

Sacks and Membership Categories

For Lepper (2000, p. 4), it was from this understanding of the 'reflexive' nature of accounts that Harvey Sacks developed a systematic analysis of ways in which classes of people and their activities are employed within a 'based environment' '...to assemble the 'inference rich', recognizable actions and descriptions which, Sacks proposed, form the foundations of social order'.

As Potter and Wetherell (1987, pp. 116-119) describe, social categories are often taken by different sections of social science and social psychology research as being the principal building blocks to gain entry into the social phenomena under investigation, or are seen as a resource to examine the processes underlying categorisation and its consequences. In these studies categories, such as 'working class', 'single mothers' or 'lesbian' are taken as enduring categories that a societal member can belong to, and as such are seen as describing their understanding of relative social category via social prototypes. The research is conducted either by exploring the 'stability' of the relationship between the individual and relative social category, or the cognitive processes involved in categorisation. In both cases categorisation is taken as given, a social fact, a natural phenomenon that if used correctly allows the researcher a means to investigate and explain society and the individuals within it.

Sacks (1972, 1974) proposed an alternative stance, that articulated membership of a given category was brought about by interactional work; work that was able to be made 'visible' and 'hearable' by exploring what categories actors used and how they were used. In this framework, members, as identified by Garfinkel and Sacks (1970, p. 339),

are those who have a 'mastery of natural language' and are taken as a 'social category'. Speakers are viewed as competent observer-analysts of the interaction they are involved in. Categories are not analytic devices but are fundamental sense-making resources for members in everyday interaction. Categories are 'commonsense units of identification' used in speech (Wowk, 1984, p. 76). 'Father', 'Occupational Therapist', 'Morris Dancer', 'Farmer' and 'Teenager' are examples of categories.

Categories, and the devices that they are collected into, are achieved via an ongoing process of negotiation and maintenance. They are practical accomplishment, locally crafted to meet the 'moment-by-moment' requirements of conversational interaction (Hester and Eglin, 1997, p. 19). Society members, by implicitly referring to these organised facts of the social system, prove their 'belonging' in a cultural and social community that allows them to achieve and maintain these membership categories and gives them the resources that make the interpretation of these membership categories possible. Practical reasoning, like the categories that are used by it, is the 'structured assembly of occasioned facts' (Coulon, 1995, pp. 16-17).

Membership Categorisation Analysis

Sacks proposed the examination of how categories are assembled in order to capture culture as a procedural activity, rather than as an 'inert grid' (Silverman, 1998, pp. 129-130). Sacks (1974) dubbed this method of analysis 'membership categorization analysis'. This method of analysis is used in Chapters Five, Six and Seven. Membership category analysis uses specific ways to answer specific questions; that is, identifies the methods by which categories are employed by speakers rather than seeking to locate interior beliefs or knowledge or seek actual descriptions of social settings. It is able to identify the practical reasoning in use by looking at how people account to one another by what they say and do (Baker, 1997, p. 131). As a point of analysis, membership categories are not passive labels that arbitrarily match words to objects. They are the products of naturally occurring social phenomena, which unite description (accounts) and action (accountability) via the process of 'doing'. As Jayyusi (1984, p. 136) suggests members 'do not routinely use category concepts as mere labels, but as methods for organising their knowledge, beliefs, perceptions, tasks, moral relationships, etc.' It is through the analysis of that 'doing' (of how categories are used and for what) that it is possible to gain an insight into the procedural knowledge that is applied tacitly to a given situation.

For Baker (1997) analytical success is achieved if the investigator can explicate the routine grounds of work that participants 'do together to assign sense and meaning to the interiors or exteriors they talk about' (pp. 131-132).

Hester and Eglin (1997) write that membership categorisation analysis:

directs attention to the locally used, invoked and organized 'presumed common-sense knowledge of social structures' which members are oriented to in the conduct of their everyday affairs, including professional sociological inquiry itself. This presumed common sense knowledge or culture is made available through a method by which the ordinary sense of talk and action is made problematic (for the purpose of analysis) and is conceptualised as the accomplishment of local instances of categorical ordering work. (p. 3)

Membership categorisation devices (from now on to be referred to as membership devices) are the way in which members collect together categories. Sacks (1972) defined the membership device as:

'That' collection of membership categories, containing at least a category, that may be applied to some population, containing at least a Member, so as to provide, by the use of some rules of application, for the pairing of at least a population Member and categorization device members. A device is then a collection plus rules of application. (p. 32)

For example, the membership device of 'Allied-Health-Professional' can be made up of the following categories 'Occupational Therapist', 'Psychologist', 'Nurse', 'Social Worker', 'Radiographer' and 'Pharmacist'. This is the same way that the membership device of Family is made up of Mother, Daughter, Brother, Uncle, Father etc. However, like the categories they encompass, category devices are situationally, temporally and contextually dependent. As Hester and Eglin (1997, pp. 21-22) assert, 'What 'collection' the category belongs to, and what the collection *is*, are constituted in and how it is used *this time*' (emphasis in the original). Categories from this perspective are not 'storehouses' of decontextualized meaning, rather their meaning is dependent on what the category 'means *this time*' (p. 21). From this perspective and in the context of the Disability Services behavioural intervention team, the membership device of 'Allied-Health-Professional' does not include 'Radiographer' or 'Pharmacist'. Its membership is made up of 'Occupational Therapist', 'Psychologist', 'Registered Nurse' and 'Social Worker'.

Category bound-activities (bound-activities) are a part of the category device apparatus identified by Sacks (1972, 1974). Bound-activities are used to attribute those activities that are 'seen' or 'heard' as belonging to a particular category. These activities 'imply identities' (Silverman, 1998, p. 83). For Jayyusi (1984, pp. 26-27), categories carry with them a host of 'expectable features'. This 'cluster' of possible 'actions, traits, preferences, haunts, places, ties etc' (p. 26) serves not just as a means to infer descriptive attribution to category, but permits formulation of 'ascriptive' (p. 27) inference. By knowing somebody's identity, it is possible to attribute such tied features as actions and emotions. In the same way, identifying the attributes tied to a person, allows inferences about their social identity to be made (Silverman, p. 83). For example, a woman picking up a crying baby is likely to infer the category of 'Mother', whereas categorising a woman as a 'mother-of-a-new-born-baby' is likely to be attributed with the bound-activities of 'breastfeeding' and 'not-sleeping-at-night'.

Hester and Eglin (1997, p. 5) note that since Sacks' death bound-activities have been taken as just 'one class of *predicates*' (emphasis in the original) that can be conventionally imputed on the basis of membership to a given category. Other predicates include rights, entitlements, emotions, obligations, knowledge, attributes and competencies. Similarly category membership analysis has been extended to include categories other than those describing people. These 'non-personal categories' include objects such as 'fencepost', 'bebop' and 'foot'.

Additional rules of application are the *economy* and *consistency laws*. The *economy law* states that for practical conversational purpose, a single membership category will serve as adequate reference for one or more bounded activities (Watson, D. R., 1983, p. 33). A support worker may well be from numerous different categories (i.e. 'Parent', 'Brother', 'Sister', 'Morris-Dancer' or 'Rock-Climber'), yet during a behavioural intervention meeting, classification as belonging to the category 'Support-Worker' will be sufficient to allocate the relevant category device.

The *consistency law* has as its maxim that if one category from the category device has been used it may well be appropriate to use another from that category device (Potter and Wetherell, 1987, p. 128). So that, Jane lives in a group home for people with intellectual impairment and is categorised as a 'Client', then her 'housemates' will subsequently be classified as belonging to the category 'Client' (to be known as 'Client'). As with bound-activities, application of the consistency law is dependent on the context. Accordingly, a

woman helping a person cook a meal in a group home is likely to be categorised as a 'Support-Worker' from the membership device 'Occupation-In-A-Group-Home'. On the other hand, if that same person was assisting the cook in their parental home it is likely an alternative category such as 'Daughter' would be applied from the membership device 'Family'.

Sacks (1972, 1974) described the occurrence of a particular membership device that was made up of two members. He named this device the 'standardized relational pair'. This type of pairing is typified by a series of rights and obligations between the members. The relative pair position of one member is inferred from the other member's paired position, and vice-versa. Similarly, each of the members' bound-activities are mutually exclusive; such that if one member has a bound-activity of 'chasing', the other member will have the alternative activity of 'running-away', as is the case with pairing of 'cops/robbers'. Other examples of standardized relational pairs are 'Husband/Wife', 'Mother/Baby', 'Lecturer/Student', and 'Doctor/Patient' (Lepper, 2000, p. 17).

However, Sacks (1972, p. 37) suggests, in order for the relative pairing to be 'seeable', rather than solely being inferred between one of the paired partners and the other, the pairing needs to be observable to a third party. This third party, observer 'Z', is not only able to 'see' the relative paired position of each the devices members but also is able to note the absence of any of the rights or obligations between the paired members. Accordingly, Standardised Relative Pairing can be taken as a 'pairing of three': that is, member 'X' and 'Y', and observer 'Z'.

Example of Sacks (1979) use of membership categorisation analysis can be found in his classic study of a group counselling session for teenagers.

- Ken: In that Bonneville of mine. I c'd take that thing out, an' if I've gotta tie: an' a-a sweater on, an' I look clean? (1.0) Ninedy nine percent a' the time a guy c'd pull up to me, in the same car, same color, same year the whole bit, (1.0) roar up his pipes, (1.0 and he's inna dirty grubby tee shirt, an' the guy pick the guy up in the dirty grubby tee shirt before uh he'' pick me up. (2.0)
- (): hheh
- Ken: J'st- Just for //. uh-
- Al: (Bu) not many people get picked up in a Pontiac station wagon. (Sacks, 1979, p. 7)

Ken tells his co-participants that he can drive his Bonneville in a clean shirt and not get pulled up. This is in contrast to the Bonneville driver who pulls up next to Ken in a 'grubby' tee shirt that 'roars his pipes'. He gets pulled. There is a pause, and then Ken remarks 'Just for uh-'. Sacks' interest is in how membership of categories is managed and who holds the key to the membership.

Ken's description of his Bonneville is contrast to that of Al's utterance, where Al points out that 'not many people get picked up in a Pontiac station wagon'; that is, how many people get pulled up in a 'mommy's car' (Edwards, 1995, p. 583). What Sacks suggests is that the difference between the categories 'Teenager' and 'Hotrodder' is that the category 'Teenager', the 'Teenager-driver-of-a-Pontiac-station-wagon' or the 'clean-looking-driver-of-a-Bonneville' is managed and enforced by adults; that is, 'if somebody's driving a car and that somebody could be seen as a teenager, then they're seen as a teenager' (p. 11). Alternatively, the category 'Hotrodder' is administrated by its members. It is members of the category who will recognise whether somebody is a member, what it takes to be a member and the type of sanctions that can be imposed; that is, the 'Volkswagen driver might flick his lights at a sports car driver and be absolutely ignored' (p. 11). As Sacks (1979, p. 13) suggests, Ken taking on the appearance of 'nice-kid teenage driver who doesn't drag race'; but who drags and does not get caught, may take on the appearance of being 'loyal' to adults but being a hotrodder; however, his co-participants, the administrators of the category, take 'what he's doing is being disloyal to hotrodders'.

Harvey Sacks was killed in a 'head-on-collision with a truck' in 1974 (Schegloff, 1992b, p. xlix). Since Sacks' untimely death, others used Sacks' method of analysis to conduct their own investigations. Among the range of activities that membership categorisation analysis have investigated include Baker's (1982) comparative study of interviews between Australian and Canadian adolescents; D. R. Watson's (1983) investigation how suspects presented their motivation and the victim during police interrogations and interviews; Lee's (1984) examination of the head line 'Girl guide aged 14 raped at Hell's Angel convention'; McHoul and D. R. Waston's (1984) study categorisation of building during a geography lesson; Potter and Reicher's (1987) work of how 'community' is categorised in the accounts of the St Paul's riots in Bristol in 1980; and, Edwards (1998) examination of marriage counselling session, showing how categories are locally constructed, occasioned and rhetorically oriented in nature.

Sociology And Ethnomethodology:

The very notions of structure and of social relationship seem totally absent from the ethnomethodological approach. (Brohm, 1986, p. 8, as cited in Coulon, 1995, p. 73)

Like Coser (1975), McNall and Johnson (1975), and Goldthorpe (1973), before him, Brohm (1986) describes ethnomethodology as overlooking the wider structural contexts. Countering this assertion ethnomethodologists insist that conventional social scientists '...are preoccupied with producing explanations rather than descriptions, typification rather than particularities, "studies about" rather than "studies of"' (Watson, G., 1992, p. xxv).

The essence of the arguments between the two parties is that ethnomethodology is viewed either as falling inside the conventional framework of social science (thereby seen as dealing in 'trivial matters' (Cuff et al., 1990, p. 190) or obsessed with micro-functions) or as D. R. Watson (1994, p. 177) suggest 'is conceived as a gestalt switch: the following of the methodology of one makes the other 'disappear'. The polarizing of the debate between the two stances tends to see the study of the mundane as either dealing in triviality or the embodiment of profound description of a social phenomenon. Yet, as Hester and Francis (2000) suggested, over the last thirty years the furore has:

...died down, but not because a mutually satisfactory outcome had been reached; rather, ethnomethodologists 'went on their own way', effectively accepting continued misunderstanding of their enterprise as the price of getting on with their studies. (p. 391)

Acknowledging the fundamental differences between Ethnomethodology and interpretive sociology, Wilson (1970) believes that each of these stances 'deliberately suspends interest in what is taken as problematic by the other' (p. 707).

Cuff et al. (1990, p. 191) point to a fundamental criticism of ethnomethodology that as an organized social activity, it can be, like any other activity, observed and studied in terms of its practical accomplishment. The infinite progress of 'ethnomethodological study of the ethnomethodological study, and so on...' (p. 191) is, according to Cuff et al., acknowledged by the 'ethnomethodologist' as a logical possibility but is seen as a

question for the philosopher rather than a serious issue for a science interested in 'analysing the everyday world' (p. 191).

Even so, leaving philosophers to argue over a key point suggests that the weakness of ethnomethodology may lie in its strength. That is, attempting to make visible and hearable the orderliness of culture by examining how members accomplish their 'doing' and what they 'do', inadvertently funnels the methodological framework of the investigation in a direction that discovers orderliness in these everyday events. Whether this is the case is based on a methodological premise. A premise which in turn will help shape the analytical stance of the investigation and the method of data analysis. Is it surprising then, that a methodology that suspends interest in cognitive procedures, personality or culture in preferring to describe the procedural knowledge and logic of a given situation, finds that the social order revealed is associated with how people carry out a social activity and what type of activity is being done.

Conclusion

The selection of ethnomethodological stance for this investigation is based on a concern to utilise a research methodology that looks at *what* people do and *how* they do that *doing*, rather than, relying on sociological theory to lead me as a researcher to 'good problems' and 'big issues'. In this investigation I take social order as being a by-product of *doing*. Practical reasoning, according to this stance, is a social phenomenon derived from the co-ordinated actions of individuals. It is possible to explicate the reasoning in use by describing *what* individuals do and *how* they do that task or activity.

In articulating Garfinkel's (1967) stance, I drew upon a number of ethnomethodological investigations, including Moerman's (1974) investigation study of ethnic tribal groups in the Thai village of Ban Ping and Wieder's (1974) examination of life in a halfway hostel for narcotic felons in America. The later half of the chapter explored Sacks' formulation of membership categorization analysis and the way that this technique can be used to explicate the reasoning found in the everyday. Finally, I looked at shortcomings of Garfinkel's proposal as articulated by his critics.

However, the justification for the selection of an ethnomethodological stance in a post-modern world is questionable, as the argument that has supported the case for the

methodology can be turned against the very same method. Nevertheless, as J. Potter (personal communications, December 15, 2001) suggests, these issues need to be acknowledged and then suspended, in favour of conducting investigations into the phenomena of the everyday. It is to the investigation of the everyday that I now turn, to defining the context of this exploration, along with method of data selection, collection and transcription.

The ‘Doing’ of Supported Care

This chapter is divided into two parts. The first part describes institutional care for people with an intellectual impairment in the 1950s and 1960s. My intent in this initial section is to provide a description of institutional living in the 1960s as a means to place this thesis into a historical context. The first part will conclude with a discussion of the contribution of the works of Nirje (1969) and Wolfensberger (1980) in the evolution of the community group home. In the second part of the chapter, I will look at the outcomes of deinstitutionalization in the latter half of the twentieth century for people with an intellectual impairment in United States of America, United Kingdom and Australia. I will suggest that the evolution of deinstitutionalization indicates that the ‘quality of life’ for the majority of people who moved out into the community has improved; however, not everybody has benefited. It is this paradox, along with the practices of support workers, that I examine in the second half of this chapter. I will conclude by suggesting that the practical reasoning used in group homes is shaped by the *doing* of supported care and is thus not solely linked to location.

Part One: The Institution

The institutions of the 1950s and 1960s, hospitals for the ‘mental defectives’, were generally characterised by atypical architecture, were poorly resourced, overcrowded, and had low staffing levels. Morris (1969, p. 78) in his examination of British institutions for people with an intellectual impairment reported that out of the thirty-four hospitals visited, two-thirds were built before the 1900s. These buildings included former ‘workhouses’ dating from the early to mid 1800s, Victorian prisons, 17th century mansions, and one hospital that had ‘reputedly’ had an eleventh century tower. The size of these hospitals ranged from 300 patients up to 1000. Over 40 percent of patients slept in single dormitories with 20 or more beds (p. 84). Beds were placed ‘head to tail’ with ‘barely’ enough room for patients to stand between them. Yet the grand sizes of the institutions were not matched by high staffing ratios. As Felce, de Kock and Repp (1986,

p. 406) notes, staff to client ratios varied from 1:45.5 to 1:22 compared to ratios of 1:3 in contemporary community group homes. Blatt and Kaplan (1966) during their visits to institutions for 'mental retardation' for their photographic essay were:

amazed by the overcrowdedness, by the disrepair of older buildings, by the excessive use of locks and heavy doors, and by the enormity of buildings and numbers of patients assigned to dormitories. (p. 1-2)

Yet for Morris (1969, p. 292) the overriding feature of the institution was its isolation. The 'mentally retarded' were removed from society, they were 'put away' from the community. This was achieved either by building the institutions in rural and remote locations or by the use of physical barriers, such as walls or moats. The separation of the institution from the community prevented the access of inmates to the community. They were kept away from the wider community, the streets of the cities, schools and factories, and away from their families. The institution had its own factories, schools, sporting grounds and fields. The institution was a closed community made up of staff and residents. As Morris wrote, in reference to Goffman's (1961) description of the 'total institution':

In so far as their encompassing, or total character is symbolized by the barrier to social intercourse with the outside world, the two types of institution which appear to approximate most closely to the 'ideal type' are, we suggest, prisons and mental subnormality hospitals. (p. 292)

Morris (1969) was not the only one to tell of the repressive conditions and practices that were found in the institutions of the 1950s and 1960s. Vail (1966), King and Raynes (1968a; 1968b) and Blatt (1970) all told stories similar to Morris. They described the typical nature of supported care in institutions as custodial and repressive in nature. Block treatment and rigid and inflexible routines were used as management practices to ensure an efficient and orderly operation of the institution. People waited in lines to bath at set times of the day. They moved from those lines to other queues, to wait for their food, to wait to go to work, to wait for new clothing. Visiting times were generally set, as were ward rounds and recreation time. Treatments for common ailments, such as constipation, were often given on a regular basis, no matter whether an individual required the additional attention or not. Menus remained unchanged from week to week with lacking variety and choice. The ability to store and keep personal property safe was often limited. The 1955 report by the King Edward's Hospital Fund, as cited by Race (1995b),

describes the worst of 'what was' institutional care in Britain in the 1950s could still be founding the 60s. As this report notes:

...some of these nineteen and early-twentieth century buildings and airing grounds suggest that 'prison' would be a truer designation even than 'asylum'. Second to the protection of the community came the custodial care of the inmates. These were herded in enormous wards, of a size not found in any other type of hospital, with cells for the solitary confinement of the more disturbed patients. Sometimes dormitories were provided for the patients from two or three wards and contained perhaps 160 beds or more in close-packed rows, patients were not expected to have any possessions, and no lockers were provided. In some hospitals, the patients' clothes were still rolled and tied to their beds at night, since no storage space is provided for them. Washing, bathing and toilet facilities were primitive and inadequate, even by the standards of the last century, and, in some cases, have remained so until the present day overcrowding occurs to a degree unknown in other hospitals. (p. 55)

Braddock and Parish (2001, p. 41) write that 'residents were "patients" who lived on "wards" in a facility, often called a "hospital", which was governed by a hierarchical medical structure.' The dominance of medical administrators saw well people being treated as if they were sick. This led to 'patient' programs being classified according to treatment options, such as occupational therapy, industrial therapy or recreational therapy.

The institution with its practices and architecture was taken by many to be the cause of the problems, an artificial barrier that prevented people with an intellectual impairment from taking their place in the community (Gleeson, 1999, p. 4). At the same time, the vulgarity of the institution as popularised by Goffman (1961; 1963) allowed deinstitutionalization to be cast as a narrative of struggle between the forces of good and evil. It was taken as an act to liberate people from repressive and abnormal living conditions.

The recognition of the institution as a place of repression and abnormal living conditions, saw the emergence of advocates who sought to bring changes to the practices tied to the doing of supported care. The work of Nirje's (1969) 'Normalization Principle' and Wolfensberger's (1980) 'Social Role Valorisation' have placed great significance on societal norms and how these norms can be used to determine how an individual should be supported in particular contexts. These two discourses, either in their pure form or as

hybrid systems, have been used to justify change to the care of people with an intellectual impairment. It is to these two discourses that attention will now be paid.

Nirje (1993) ascribes the development of the normalization principle to a combination of new pedagogical and psychological insights and international liaisons between professionals and parent organizations where he ‘...found more and more reasons to use or point at “normal” contexts’ (p. 3). It was in Nirje’s 1969 paper, *The Normalization Principle*, that the term was defined. Nirje (1969) argued that supported care for people with an intellectual impairment needed to reflect ‘as close as possible’ the patterns, conditions and norms of everyday life of the mainstream of society. Nirje (1969, 1993) identified eight patterns or conditions of life. The first four of these conditions placed emphasis on the normal rhythm of the day, week, year and life span, whereas the remaining spoke of the ability to access normal environmental patterns and standards in the individual’s community. Emphasis was placed on normal patterns of self-determination, sexual, economic and social activities, as found within an individual’s culture. These facets were not taken as inert states, dislocated from a person’s life, but elements of life that a person with a disability had an equal right to share or experience. It was this process that Nirje (1993, p. 1) referred to as the ‘normalization principle’, that is the *act* of making available the patterns, condition and norms of everyday life to all persons with intellectual or other impairments or disabilities. As Nirje (1993) writes:

The proper use of the normalization principle rests on the understanding of how the normal rhythms, routines and patterns of life in any culture relate to the development, maturity and life of persons with a disability, and on the understanding of how these patterns apply as indicators of proper human programs, services, and legislation. (p. 2)

Kebbon, (1997, p. 123) notes that in Scandinavia the normalization principle was not automatically linked to deinstitutionalization, instead it came out of the ambition to find positive alternatives to existing services.

In the ‘English-speaking world’ Wolfensberger’s formulation of normalization became the dominant discourse influencing policy makers and service providers (Parmenter, 2001, p. 277). Wolfensberger’s (1972) approach was built on the premise that social order is generated by the expectation of societal norms. Norms of behaviour, and the resulting image generated by this behaviour, are taken as being the standard for societal members. The closer an individual or group is to the societal norm the ‘more social

value' is accorded to the individual or group. A move away from these norms by an individual or a group member is seen as placing that individual or the group at risk of being devalued.

Devaluation to Wolfensberger and Thomas (1983, p. 23), was not an inert state, but placed the individual or group at serious risk of being 'wounded'. Initially wounds can be seen in the loss of autonomy and rights by a devalued group or through resentment or hatred of privileged citizens. If the devaluation and the wounding continue the wasted lives of those who are devalued can fall into a circle of brutalisation, violation and even early death. For Wolfensberger the single major goal for any human service was to create or support valued roles for devalued people or for those people who have the potential to be devalued:

...because if a person's social role were a societally valued one, then other desirable things would be accorded to that person almost automatically, at least within the resources and norms of his/her society... In fact...being seen as filling a valued social role may be the one thing which prevents a person from becoming devalued because of a characteristic for which other people who do not have socially valued roles would automatically be devalued. (p. 23)

Wolfensberger and Thomas (1983, p. 23) took all other elements and objectives of his work as being 'subservient' to this goal. Supported care provided in institutional settings was a clear source of devaluation for people with an intellectual impairment. Wolfensberger took deinstitutionalization as being the logical means to prevent or minimise wounding.

Even though Wolfensberger tied his work to that of Nirje's normalization principle, that lineage was questioned by Perrin and Nirje (1985):

We wish to clearly indicate that Wolfensberger's version of 'normalization' deviates in many significant ways from the original concept of the principle, and thus contrary to Wolfensberger's claim, cannot be considered as a reformulation, refinement, or operationalization of the principle. Rather his version, with its focus on using normative means and on establishing normative behaviour, is built upon a fundamentally different value base and conception of people, with quite different implications for how we view and treat handicapped people. (1985, p 71)

Even though Nirje's and Wolfensberger's formulations of the normalization principle became a point of debate in the 1980s, their work in the 1960s announced the beginning of the deinstitutionalization movement.

The roots of deinstitutionalization can be found in the 1950s and 60s; however, it was not until the 1970s that people began to leave the institutions in larger numbers (Ericsson & Mansell, 1996). In the United States, the number of people with an intellectual impairment living in institutions, (that is in accommodation with 16 or more people) in 1999 had decreased by 77.7% when compared to the number of people living in institutions in 1967 (i.e. from 194,650 to 48,496) (Taylor, 2001, p. 24). Kim, Larson and Lakin (2001, p. 36) noted that between 1977 and 1999 people with an intellectual impairment living in group homes with six or fewer people increased from 20 400 to 255,318. In Britain, between the years of 1989 and 1996, residents in National Health Service 'Mental Handicap' hospitals declined by 83% in England (from 44,400 to 7,440), 70% in Wales (2,456 to 731), 51% in Scotland (6,546 to 3,218) and 48% in Northern Ireland (1,391 to 724) (Emerson, 1999, p. 310). Stancliffe, Emerson and Lakin (2001, p. 7) reported that in Australia in 1999, 30% (4,633) of people with an intellectual impairment who received Commonwealth/State Disability Agreement funding lived in institutions. The rest, some 7,463, were housed in community-based group homes. However, the move away from the institution has not been universal. In the Netherlands for instance there has been an annual average increase of 0.41% in the number of people living in institutions, and large government and private institutions remain throughout the world (Parmenter, 2001, p. 278).

Part Two: The Outcomes of Deinstitutionalization

In the second part of the chapter an overview of the literature dealing with the measurement of the outcome of deinstitutionalization in America, Australia and Britain will be undertaken.

Knoll (1990, p. 236) describes the evolution of supported care for people with an intellectual impairment as proceeding through three distinct 'eras', these periods being the institutional era, the deinstitutionalization period, and the community living era. In the institutional era the focus was on the protection of individuals from harm. In the deinstitutionalization era emphasis was on the development of community. The

community era saw the championing of community integration, quality of life and development of individual support systems. For Knoll (p. 240) the researchers of these three stages tailored their investigations to reflect the emphasis of their era; the researchers of the deinstitutionalization era measured programme outcomes by the use of 'quantifiable variables' across time, in contrast to researchers during the community era who evaluated the process of deinstitutionalization in terms of the 'individual's quality of life' (p. 242).

During the deinstitutionalization era adaptive behaviour scales were used as a 'quantifiable variable' in research designed to investigate the outcome of deinstitutionalization (Knoll, 1990, p. 242). Adaptive behaviour scales focused on an individual's competence over a number of clustered skill areas. These domain areas were used to construct a profile of an individual's 'adaptive/functional' ability. Although direct observations can be used to assess an individual's function in a particular domain or skill area, it is more common for a third party informant familiar with the person, usually a staff member, to be sought out to answer a standardised questionnaire. The type and cluster of domain areas are dependent on the specific adaptive behavioural scale used. Kim, et al. (2001, p. 40) summarised the different domain areas found in adaptive behavioural scales as covering the areas of: academic skills, community living skills, language and communication skills, motor and physical skills, leisure and recreational skills, self-care and domestic skills, social skills and vocational skills. In addition, an overall score is generally given.

Larson and Lakin (1989) and Lynch, Kellow and Willson (1997), conducted matched studies that compared adaptive behavioural scores of residents living in institutions to their counter parts who had left the institution and were residing in small community homes. The people living in community group homes had a statistically significant improvement in the adaptive behaviour domains of self-care/domestic skills, community living skills, social skills and vocational skills. Kim, et al. (2001) reviewed 35 studies that measured the outcome of deinstitutionalization in the 1990s in terms of adaptive behavioural ratings and challenging behaviours. Their findings supported the work of Larson and Lakin (1989) and Lynch, et al. (1997). In regards to the advent of challenging behaviour they suggested that the community setting produce improved adaptive behaviour and was at least as effective as institutions in addressing challenging behaviour for people who had moved (p. 45). Similarly, Young, Sigafos, Suttie, Ashman and Grevell, (1998) conducted a quantitative review of Australian studies that investigated the

effects of relocating people with an intellectual impairment from institutions to community-based residences. They noted that the 13 studies reviewed suggested that deinstitutionalization was generally associated with improvements in adaptive behaviours, increased community participation and greater contact with family and friends. Greater overall satisfaction was found amongst the users and parents of the deinstitutionalized services was found. However in Britain, Mansell (1996, p. 55) identified mixed findings in the studies that investigated adaptive behaviours of people living in small residential services compared to similar individuals living in an institutional setting. He was unable to explain these differences in terms of differences in support needs or staffing ratios between the two settings.

Direct observation of client participation in everyday activities has also been used to evaluate the outcome of deinstitutionalization. In Britain it is the most frequently user-related outcome measure employed in the 1980s and 1990s (Emerson & Hatton, 1996b, p. 174; see also Felce, 1998, p. 104). These studies, although supporting the premise that the community is 'better' than the institution, are less conclusive in their findings. For instance, Emerson and Hatton (1996b, p. 177) and Felce (1998, p. 105) reported no significant difference in a quarter of the studies that compare staff interaction with residents in institution/hostel and community staffed based houses. They produced a similar finding when they compared resident engagement in activities across the two settings. Likewise, Lindesman-Dwyer, Sackett and Kleinman (1980, p. 14) found the staff-client interaction in large group homes of 16 to 20 people and small group homes of up to six people were very similar; however, client-to-client interaction was greater in the larger unit.

The difference between the findings of the studies that used direct observational methods and those that were reliant on third party informants can be explained in part due to the methodological approaches used in the different investigations. For instance, Felce, de Kock, Thomas, and Saxby (1986) used direct observations and adaptive behaviour scores to track the progress of five people who moved from an institution to a community group home. Felce, et al. reported that the five made gains in the independent functioning, domestic activity and self-direction domains of the adaptive behaviour scale. However, from direct observations, the improvements in the adaptive behavioural scores were not reflected in subsequent increases in meaningful occupation. That is, although adaptive behavioural scores indicated a greater independence this increased level of independence was not reflected in a higher level of meaningful occupation. Both Mansell (1996, p. 55)

and Kim, et al. (2001) have called for additional studies to examine the comparison between the use of direct observation and adaptive behaviour scores in measuring quality of life for people with an intellectual disability.

Observational studies and the use of standardised tools have not been the only methods used to assess the differences between the community and the institution. For instance, Emerson, et al. (2000) failed to find strong links between quality and costs across community-base residential supports and residential campuses for people with severe and complex disabilities. They suggested that increases in accommodation cost were linked to poor procedures for assessing and teaching and increased ratios of care staff. Similarly, Emerson and Hatton, (1996a, 1996b) and Stancliffe and Lakin (1998) found weak relationships between costs and quality in residential supports for people with an intellectual disability.

Alternatively, Sinson's (1990) work on the environment and managerial influences of living units for people with an intellectual impairment may shed light on Emerson's findings. Sinson examined ten living units for people who were 'mentally handicapped' (p. 79), using a mixture of standardised questions that were put to residents of the units and subsequently 'validated' (p. 80) by staff and direct observations. She found that many of these units were neither capitalising on, nor compensating for, their environmental surrounding, leading to people living in these units being isolated from the very community which they were attempting to be a part of. It was noted that management took total control over basic individual life and leisure tasks such as cooking, gardening, cleaning, decorating, banking and freedom of movement. Practices appeared to have transferred from larger scale institutions to their smaller community replacements and ones that could become synonymous with isolation, finally giving rise to the notion of the 'micro-institutionalization' (p. 86).

Sinson's (1990) study appears to give a degree of support to Stancliffe and Keane (1999), whose matched study explored the consumer outcomes and services cost for adults with an intellectual impairment living in group homes or semi-independently; that is, individuals who were receiving 1-20 hours per week of support from paid staff (p. 2). The participants from these setting were matched on skills and challenging behaviours. In addition, there was no significant difference between the settings in terms of the participants' age, gender, other impairments, such as epilepsy, or service auspice. Stancliffe and Keane found that the mean scores of people living semi-independently

were higher than those living in group homes. They achieved 'better outcomes' than the group home participants (pp. 37-38); in particular they had 'significant' greater domestic participation and use of community places without staff support (p. 27). Stancliffe and Keane saw their finding suggesting further indication of the size and normalization continuum; that is, outcomes in hostels are better than institutions, group homes are better than hostels, and semi-independent living is better than group homes. As Stancliffe and Keane suggest (p. 37) the difference found between the two settings could be 'reasonably' said to be due to living and support arrangements.

However, Knoll (1990, p. 245), using Lindesman-Dwyer, et al.'s (1980, p. 14) endorsement of larger settings, questions research that dealt solely with 'how people occupy themselves' within their place of residence. Knoll saw this type of research as not addressing the qualitative differences among the social relationships of individuals living in settings of various sizes. For Knoll, the resident of the small residential setting has 'broader networks and social activities in the community' (p. 245). In the same way, the research of Emerson, et al.'s (2000, p. 92) found that people living in dispersed housing schemes experienced 'relatively' greater choice, larger social networks, more recreation and community based activities, and fewer accidents, and led more physically active lives than their counterparts in residential campuses and village communities. On the downside, Emerson, et al. noted they were more likely to be exposed to crime, verbal abuse and have a shorter working week.

It would appear that the exchange of the institutional address for a street number in suburbia has brought with it increased opportunity to make choices, engage in ongoing activities, greater family contact and a higher level of social activities. Nevertheless, critical reviews of direct observational studies (Allen, 1989; Emerson & Hatton, 1996a, Felce, 1998) question the assumption that the 'liberation' of an individual from an institutional setting leads to automatic improvements in that individual's measured quality of life. As Emerson and Hatton (1996b, p. 182) note, the quality of life for a significant minority of 'studies (and hence individuals)' living in a small community group homes appears to be no different from that found in the institution.

It is to the support practices found in a group home with six or less people that attention will now be paid. This is done in order to suggest that practices of supported care, that is, the way paid staff support people with an intellectual impairment, is tied to the doing of that very same care.

Using direct observations, Felce (1996, p. 124) noted that 82 percent of the variation in residential activity in group homes could be expressed as a function of residential ability and the extent of staff support. Felce summarizes this finding by suggesting that the extent of 'staff support was important in determining the extent of resident engagement in activity' (p. 124). Felce suggested that the level of residential engagement was associated with the 'motivational climate established by staff when they attended to residents' (p. 125). Other observational studies by Grant and Moores (1977) and Raynes (1980) have found that people with more severe or profound disabilities require greater assistance to engage in an activity successfully; however, they are more unlikely to receive this assistance from support staff. Similarly, Felce (1998, p. 109) noted that individuals with a higher adaptive behavioural scores or intellectual competence are more likely to receive assistance from carers than an individual with a lower level score. The higher an individual's adaptive behaviour, score the more likely a person is to be engaged in household tasks, such as cooking, cleaning, washing the floors, and answering the phone. Conversely, the greater the severity of a person's impairment, as indicated by their adaptive behaviour score, the less likely they are to be assisted to engage in household tasks.

Felce, Repp, Thomas, Ager, and Blumden, (1991) examining the interaction between staff and clients, found that support staff who worked with a single client or group of clients without the presence of another staff member was more likely to engage with the client or clients. This is in contrast to staff who worked together in groups or staff who worked in close proximity to each other but who were not assigned to a specific client or clients. In general, the higher the staff-client ratio the lower the client activity. This phenomenon was found to be constant across group home and institutional settings. In addition, Hewson and Walker (1992) found the majority of staff-client interaction was in the form of oral conversation which had little effect on facilitating client participation in activities.

The low activity level among people with a severe intellectual disability was identified by Felce and Perry (1995, p. 809) as a consistent problem that was not dependent on the provision of 'ordinary environments' but on the orientation and working methods of staff. The cause of this problem has been attributed to poorly co-ordinated or inadequate support provided by direct support staff. Felce (1996) described the allocation of activities according to whether an individual can or cannot do a task successfully, as a

major barrier to achieving the 'level of functional activity which everyone else needs to achieve to live an ordinary life' (p 133). In the same way, Thompson and Carey (1980, p. 196) see the success of normalization is dependent on 'carefully' designed social and habitative environments.

In an attempt to overcome this phenomena, Emerson and Hatton (1996b) and Felce (1996) advocate the adoption of structured support methods that involve staff proactively planning opportunities for resident activity in purposeful activities, the clear allocation of staff duties, with the emphasis on staff working alone, and the use of physical prompts, such as touch cluing, to supplement verbal instructions. Felce (1998, p. 116) insisted that this form of support was a move away from the traditional 'laissez-faire' attitude of management to an alternative approach that involved 'active support'.

Jones, et al. (1999) conducted a controlled experimental evaluation of the 'active support' involving nineteen adults with severe intellectual impairment. Two years later, a larger replicated study was carried out by Jones, et al. (2001). This study was conducted in thirty-eight residences, involving a 106 people with an intellectual disability and 303 staff. Both these studies found that following the introduction of active support there were significant increases in assistance and engagement in activity. The 1999 study saw a reduction in the disparity between levels of assistance offered to individuals with a higher adaptive behavioural score compared to those with a lower score. The 2001 study found similar findings. However, it was noted that active support had diminished value for people with higher adaptive behaviour, suggesting that its use should be matched to the support needs of the residents.

Felce (1996), building on his earlier work (Felce, 1988; Felce & Repp, 1995), defined a three-dimensional framework for looking at the design of the residential support for people an intellectual impairment. These dimensions are:

1. service structure - dealing with the major parameters of the setting, such as size of resident grouping, location of residents, and staffing levels
2. orientation - looking at the service's aims
3. therapeutic direction and procedures - which define how staff work with residents.

Out of these three dimensions, it is the service structure that is often used to determine whether a service is conforming to the normalization principle.

As previously mentioned, Felce (1996, 1998) suggests there is a tenuous relationship between staff ratios and staff contact. The rate of activity participation and client/staff interaction appears to be marginally affected by the provision of resources. He found that increased spending and the allocation of additional staff resources did not automatically lead to additional benefits to the recipients of supported care. After thirty years of deinstitutionalization, what Felce (1998, p. 116) believes he has learnt is that there are 'no pivotal arrangements' that, if implemented correctly, determines quality of outcomes. Neither community location, higher staff ratios, building design nor small community group homes guarantee quality of outcomes. Instead, Felce (1996, 1998) argues, that it is the how the 'broad principles' of the service's operational philosophy are put into practice that is the most important dimension; that is, how policies and job descriptions are formulated, how staff are recruited, the type of requisite skills that are sought from new staff, and how attitudes are fostered and the way work practises are established to reflect the aims and objects of the residential service. For Felce (1998, p. 116), these issues rest solely with the service's management. However, in practice, structural issues dominate service planning and the interest of management.

Felce (1998, p. 116) writes that institutions rather than being controlling are 'highly permissive internally'. Staff do not encourage or discourage any form of behaviour by residents. In the same way, Felce, et al. (1987, p. 503), noted that '...community location seems less likely to exert direct influence on the internal pattern of staff:client interaction'. Felce, et al. (1987) called for the identification of characteristics of group home model that are associated with improved staff performance.

The introduction of 'active support' (Jones, et al., 1999; Jones, et al., 2001) has resulted in dramatic improvements in client-staff interaction and client engagement and interaction in activities in community group homes. In structuring the allocation of staff to clients Felce (1996, 1998), Jones, et al. (1999) and Jones, et al. (2001) almost by default, are accepting that there is a social phenomenon attached to the *doing* of supported care. A phenomenon that if left unchecked, can dramatically impinge on the lives of the people being supported, or as Felce (1998) suggests:

Emphasising choice for people with severe intellectual disability without the structuring of opportunity and effective support, runs the danger of responding to the metaphor rather than the reality of institutionalization. (p. 116)

Mansell and Ericsson (1996, p. 252) write that community services have either 'failed to break away from institutional practices or have turned back towards them'. They see a need to investigate the origins of institutional practices and the conditions in which these practices become dominant. They believe it is time once again to study the institution, even if those institutions have already closed.

Institutional Practices and Place

What Mansell and Ericsson (1996b) appear to allude to is that the practices that have traditionally been tied to the notion of place, to the institution, are now, in varying degrees, being found in the community group homes. As Landesman (1988, p. 113), suggests, 'institutionalization refers to suboptimal, routinized, and depersonalised care. *This can occur anywhere*' (emphasis in the original). In the same way, Emerson (1985, p. 282) saw that community services 'conspire to re-enact' institutional practices such as physical and social isolation, uneven power relationships between staff and residents and the encouragement of dependency and regimentation. Yet the community group home, unlike the institution, is characterised by high staffing ratios, tailored to meet individual needs and located within suburbia. The only visible link between the institution and the group home is that both of these settings support people with an intellectual impairment - both 'do' supported care.

The intent of this thesis is to study the *doing* of supported care, to make explicit the practical reasoning used in its production. The following chapter will examine the methodology used in this study to investigate the *doing* of supported care.

Methodological Issues

Our business will be to proceed somewhat differently. We will be using observation as a basis for theorizing. Thus we can start with things that are not currently imaginable, by showing that they happened. We then come to see that a base for using close looking at the world for theorizing about it is that from close looking at the world we can find things that we could not, by imagination, assert were there. We would not know that they were 'typical'. Indeed, we might not have noticed that they happened. (Sacks, 1984a, p. 25)

In this chapter I will describe how the methodological stance of the investigation will be applied in the selection, collection and transcription of the data for the project. The chapter is in four parts: the first part deals with application of the investigation's methodology to the project's aim; the second part looks at the technical considerations in selecting, collecting and transcribing the project's data; the third part gives an over view of the data collection phase of the investigation; the final part, describes the context from which the data was collected.

What this chapter will not cover is the methods used to analyse the data collected as part of this investigation. The methods used to explore the collected data will be detailed at the beginning of each of the three results chapters, that is, Chapter's Five, Six and Seven.

Part One: The Methodological Approach

The methodological approach of the project and the ethnomethodological stance of this investigation are one and the same. Cuff et al. (1990, p. 181) see ethnomethodology as a program of empirical inquiry and not a theory of social life. As such, the ethnomethodologists' goal is to make explicit how ordinary methods of interpretation are used in the making of social organizations (Brandt, 1992, p. 318). It should not be surprising to find that the aim of this investigation is to describe how support workers use their ordinary methods of interpretation in supporting people with an intellectual

impairment living in a group home. In particular, what type of categories support workers use, how these categories are used and what attributes are tied to these categories. An ethnomethodological approach has been selected as the methodology of this investigation because of its ability to explicate what people do and how they do it. This is not to say that other tools could not have been used and other questions asked, rather it is an acknowledgement of the ethnomethodological tradition and the relationship between that tradition and the research question I wish to explore. As Sacks (1992a) points out in regards to ethnographic work using interviews and informants accounts and interview responses:

they're studying the categories that members use, to be sure, except at this point they're not investigating their categories by attempting to find them in the activities in which they're employed. And that, of course, is what I'm attempting to do. (p. 27)

Like Sacks' studies, this thesis is attempting to find the categories employed by support workers as they go about their business of doing supported care.

Taking an ethnomethodological stance brings with it a series of responsibilities to ensure the reliability of the project's data and the validity of the findings are valid within the proposed methodological framework. It is my intent to follow Sacks (1989, p. 212) in his pursuit of 'natural observational social science', and to provide to you, the reader, not just with a set of findings but to put you as close as possible to the data of this project.

The ability to reproduce the project's data and make it available for scrutiny is a cornerstone in the validation of the research project. As Schegloff (1989) writes, Sacks argued that:

It is the reproduction of the actions reproducing the results which make the findings 'scientific', and the descriptions of those courses of action which make their reproducibility possible. If the results are scientific, the descriptions of the actions for producing them must also be science. (p. 203)

As Potter (in press-a) advises, there is no 'clear-cut distinction between validation procedures and analytic procedures in discourse work'. The accounts of the study participants' orientations and how these accounts are made accountable by the investigation becomes the means by which the validation procedure takes its direction. On the other hand, the reliability of research is dependent on the quality of the recordings

and transcriptions used as means to provide a 'detailed' and 'publicly' accessible representation of social interaction (Perakyla, 1997, p. 203).

Traditionally, ethnomethodological studies have had a preference for naturally occurring data. Potter (in press-a) defines naturalistic materials as talk and interaction that pass the 'dead social scientist test'. That is, if the researcher died on the way to record the data, would the interaction take place in the same way. The alternative to naturalistic materials is, what Silverman (1993, p. 106) dubs 'artificial data'. For example, research interviews, questionnaires, or focus groups. However, Silverman warns that the distinction between artificial and naturally occurring data as a 'methodological red herring' (p. 106). He suggests it is not the data that has intrinsic worth but the method of analysis and what that analysis hopes to achieve; that is, what aspects of the phenomena of interest does the investigation hope to describe or explain.

The advantages of naturalistic materials are that they minimize the problem associated with the extrapolating of the phenomena of interest from the investigations' documentary method. Similarly, the 'action-oriented' and situated nature of talk is retained, along with the participant's orientation to the setting, while avoiding the interaction with expectations and categories of the social science agenda (Potter, in press-a). For Potter, the upshot of using this form of data is that the investigation becomes more 'easily centred to situated practices'.

The downside of naturalistic interaction is the potential for the participants to know they are being recorded and consequently adjust their interaction to include the microphone or camera (Silverman, 1993). A number of strategies to overcome this potential conflict including the acclimatization of the participants to the recording equipment, the use of material that is to be recorded anyway, or to simply 'topicalize' the reactivity in the course of analysis (Potter, in press-a). However, in following this argument, the extent that reactivity can be eliminated or controlled without moving away from the very phenomena under investigation is questionable.

Although the limitations of naturalistic data are acknowledged, I nevertheless identified it as the preferred type of data for the study. I took this decision in reflection to the intent of this investigation, which is to explicate the practical reasoning used by support workers as they go about their business of 'doing-supported-care'. The purpose of this study was not to describe the order found between a researcher and a group of support workers

‘talking-about-the-doing-of-supported-care’ but to capture supported care being done; that is, as a local accomplishment. The goal of the methodology was to capture that *doing* as data. This approach stands in contrast to other methodological approaches that are interested in examining such things as values and attitudes or attempting to determine the relationship between quantifiable variables. The fundamental difference between these methodologies is the research question being asked and how this affects the way the data is collected. As Sacks (1984a) asserts:

It is not that I attack any piece of data I happen to have according to some problems I bring to it. When we start out with a piece of data, the question of what we are going to end up with, what kind of findings it will give, should not be a consideration. We sit down with a piece of data, make a bunch of observations, and see where they go. (p. 27)

Part Two: Selecting, Collecting and Transcribing the Data

The following section examines the selection of the data, the technical quality of the recording and the procedure used in the transcription of the data. Perakylia (1997), Silverman (1993) and Potter (in press-a, in press-b) identify these three elements as being essential in ensuring the reliability of the data.

Selecting the Data

As stated above, the intent of the project is to describe ordinary interpretative activities of support workers going about their business of ‘doing-the-supported-care-of-people-with-an-intellectual-impairment’. As an allied-health professional working in an Australian State Government team that provides professional services to government and non-government sector supporting people with a intellectual impairment, I was in the position of having access to support-workers and allied-health professionals working in the field of supported care. From my knowledge of the area, I saw a number of possible locations as potential collection points for the data. These included supported accommodation and day support services for people with an intellectual impairment.

Following a review of these sites I decided to use staff meetings as the source of data for the project. A direct observational study of support workers working with people with an

intellectual impairment was not considered due to the ethical implications of involving participants in the investigation who may not be able to give informed consent.

On deciding that the sources of data for the study would be the support workers' staff meetings, a review of the different type of meetings and training sessions that support staff attended was undertaken. Handel (1982, p. 100) sees that accounting activities and their associated practical reasoning are more easily observable in some situations than in others. For Handel it is in these situations where people are responding '...to conflicts of interests, unanticipated events, and their own assumptions about how others will behave, the formal structure of their reasoning is made visible' (p. 100).

In the Australian state in which this investigation was conducted, the behaviour management plans for an individual with an intellectual impairment displaying challenging behaviours are developed over a series of face-to-face meetings between support staff and an allied health professional from the State Government Behavioural Intervention Team. The development of the behaviour management plan is divided up into the assessment and strategy development stages. The meetings associated with these stages are the nexus point where practical reasoning of professionals and support worker are brought together to resolve the perceived challenge to the support worker by a client's behaviour. The potential clash and misunderstanding between the support workers and allied-health professionals was seen as a suitable place for the source of the data for the investigation.

Working in the area, I observed and experienced that the meetings devoted to the development of challenging behaviour management plans were places where the participants had to resolve conflicts of interests, to deal with unanticipated events and justify their assumptions regarding the reasons for an individual's challenging behaviour.

McBrien and Felce (1992, p. 3), from the Welsh Centre for Learning Disabilities, refer to the term 'challenging behaviour' as those behaviours that are a 'challenge to other people to find effective ways of responding to them'. Examples given by McBrien and Felce of challenging behaviour are; aggressive behaviour to others (i.e. hitting, pulling of hair, kicking); self-injurious behaviour (i.e. head banging, eye poking, pulling out of hair); destructive behaviour (i.e. throwing objects, breaking windows); disruptive/anti-social/dangerous/nuisance behaviour (i.e. screaming/tantrums, stripping, persistent non-

compliance); and stereotypic/self-stimulatory (i.e. body rocking, ritualistic hand movement, repetitive speech).

Collecting the Data

The need for a high quality recording of naturally occurring talk is an important feature of data collection method as the reliability of the data is a 'crucial' aspect of the project that is dependent on the quality of the recording (Perakyla, 1997, p. 206). A Sony MD Walkman, MZR 90, digital mini-disc recorder and PZN (boundary) microphone were used to capture naturally occurring talk. The advantage of a mini-disc recorder was that it is small and light, relatively inexpensive, easily transportable and had the following features: digital synchronised recording, digital recording level control, monaural recording mode (up to 160 minutes) and 40 second shock resistant memory (Sony Australia Limited, 2000. p. 84). The use of a digital CD recording has the additional advantage that the sound quality of the data does not deteriorate after repeated playing.

Talbot-Smith (1997, p. 47) sees the use of boundary microphones as suitable means to record the talking voice, their advantage being, the ability to resist vibration effects, and the virtual hemi-spherical polar response of the microphone (that is, the ability to record sound in all directions). The boundary microphone requires minimal technical skill to operate, apart from placing it on a hard surface such as a wooden table or wall.

The versatility of the mini-disc with its digital recording level control and 160-minute monaural recording mode, in combination with the virtual total room coverage of a boundary microphone, ensured that a room could be made ready for data collection in less than 3 minutes, no matter how many people were going to take part in the session. Potter (in press a, in press b) and D. Edwards (personal conversations 16 December 2001) recommend the use mini-disc recorders with a boundary microphone.

Transcribing The Data

Equally important to the reliability of the project is the method of transcription of the data. Silverman's (1993, p. 118) modified version of Jefferson's transcription system

was used by the project to transcribe the social interaction data into written text (see Appendix II for detail).

Transcription of the data was completed in three stages. Firstly, after the data was collected it was transferred to a *dicta-a-phone* to allow for the initial transcript to be completed. The second stage involved checking the transcript against the original recording, paying particular attention to areas of overlap or multi-part situations, (i.e. when two or more participants spoke simultaneously). In addition, the location of gaps in the conversation was verified, though the duration of these pauses was not measured. Following the examination of data, both from the transcript and the recording, areas of interest were identified for analysis. Time intervals were then added to the areas that were marked for analysis and checked once again against the original recording. As Silverman (1993) suggests, the process of transcription is an essential research activity as it involves 'close, repeated listening to recordings which often revealed previously unnoted recurring features of the organization of talk' (p. 117).

Appendix II shows the complete transcription. Areas that were used for analysis have measured time-intervals, whereas in the remainder of the transcription intervals are not timed and are marked as: ((P)) for intervals estimated equal or greater than 0.1 second, or as (*) for intervals estimated less than 0.1 second.

The extracts used in the text are prefaced by a code specific to the data set. This code indicates the location of the extract. Following extract is offered as an example of the code.

[DW:2/1: pp. 12: ln. 530]

1 Sue: All righty (1.6) em (1.0) where do the other householders live, eat,
2 er: (0.7) sorry.

Here 'DW: 1/2: pp. 12: ln. 530' indicates that the data was transcribed by D. Wareing and is from the first session of the second intervention. The extract is found on page 12 of appendix II, starting at line 530.

Part Three: Data Collection

This section will deal with data collected for the investigation. It addresses issues associated with the criteria for inclusion and exclusion; the participants in the selected data, confidentiality of the participants; and an overview of the project's collection phase.

On gaining approval from the University of Tasmania's Human Research Ethics Committee, the data collection phase of the investigation commenced. The goal of this phase was to record up to six behavioural interventions accepted as referrals by the Behavioural Intervention Team. The completion of the data collection phase was to be nine months from the commencement of the collection phase of the investigation.

In order for a behavioural intervention to be part of the study, all participants involved in the interventions had to give informed consent. If consent was not gained from everybody involved in the intervention, the intervention was excluded from the study. In addition, I took no part in the recorded behavioural interventions apart from my duties as a researcher.

The major concern of the investigators was to ensure the confidentiality of those people who took part or were named in the study. To ensure anonymity all of the participants' names were replaced with alternative, gender appropriate names. Place names were also changed. In addition, the profession of the allied-health professional is not specified. This is due to the relatively small number of allied-health professionals working with people with intellectual impairments displaying challenging behaviours in Australia.

The study took as its participants the support workers and professionals taking part in these interventions or associated with the start-up of these interventions. All participants who took part in the investigation gave informed consent (see Appendix III for information sheet and consent form). At no time did the study deal directly with a person with an intellectual impairment or an individual who was unable to give informed consent.

During the data collection phase of the investigation six behavioural interventions were recorded either in whole or in part. This represented approximately 26 hours of naturally

occurring talk, varying from one-to-one interviews to group sessions with support workers.

The recording of the session was conducted in the following manner. The recording equipment was set up in the room where the behavioural intervention session was going to be held. On entering the room, the participants were shown the microphone and mini-disc recorder. Prior to turning the recording equipment on, the participants were informed that the session was about to be recorded. With no objections coming from the participants, the mini-disc recorder was turned on and the researcher left the room. If a staff member arrived late for the meeting, they were advised that the session was being recorded before they entered the room. On completion of the session, the researcher re-entered the room and turned the recorder off.

Out of these 26-recorded hours, only one 79-minute session has been fully transcribed. This 79-minute session was the first behavioural assessment meeting from the second intervention included in the study. Two other sessions have been partially transcribed, these being approximately four minutes from the first session of the first behavioural intervention and approximately 22 minutes of a 56 minute session from the second session of the second behavioural intervention. The second session of the second intervention was with a residential service, whereas the initial session of this intervention was with a day support service. Only the first session of the second intervention has been included in the investigation.

Following the application of membership categorisation analysis to a four-minute portion of the data from the first session of the second intervention (for details of analysis see Chapter Five and Wareing and Newell, 2002), a decision was taken to discontinue the recording and to use the data from this session for the project. This decision was taken to ensure the project remained a manageable size that permitted detailed sequential analysis of data. As such, the study should be viewed as a historical investigation; that is, as an empirical case study exploring the practical reasoning of those who support people with intellectual impairments within a specific context. The investigation does not claim to be a representative sample.

Part Four: The Context Of The Collected Data

This section of this chapter will address the specific contextual issues of the collected data used for this investigation.

The six support workers who took part in the recorded session are all paid employees of a non-government day-support service that provides assistance to adults with intellectual impairments. The service provides weekdays support from the hours of 9:00am to 3:30pm. This particular service is located in an Australian capital city and receives funding via the Commonwealth/State Disability Agreement. The individuals using this service have been categorised as being unable to work in paid employment and are supported to pursue 'leisure activities'. The type of support offered is individualised and either conducted in the user's own home or at a day centre. The individuals discussed during the session are serviced from their home.

The allied-health professional was a member of an Australian State Disability Services professional support team. The team consists of occupational therapists, psychologists, speech pathologists, nurses and social workers. As previously mentioned I am a member of this team. This team provides professional services to non-government and government organizations. It specialises in the development of behavioural management plans for individuals displaying challenging behaviour. Access to the team's services can only be gained via an internal referral from the client's case-manager. The case-management team are members of the same State Government department as the professional team (i.e. both teams are managed by the same regional manager and share the same office space, although they have different line managers). In order for a behavioural intervention to be initiated, the supporting organization requests assistance from the case-manager. The case-manager, if he/she believes the situation is warranted, refers on to the professional team. If the professional team accepts the referral, a key contact is appointed and the intervention commenced. Depending on the availability of team members and the priority of referral, a referral can be accepted the first time it is presented or may 'lie on the table' for three to four months.

The methodology employed by the team to assess and manage challenging behaviours is based on Durand's (1990) functional communication approach to managing severe behaviour problems. In this approach challenging behaviours are not seen as an 'abnormalities' rather they are taken as a reasonable behavioural adaptations that have

come about by an individual's abilities and environmental limitations (Durand, p. 6). The aim of the behavioural management plan is to enhance the person's abilities and remove limitations in the environment. The technique is non-aversive, rewards are used to reinforce the desired behaviour, punishment is not used.

Once initiated, the first step of a behavioural intervention is to define the problematic behaviour as identified by staff. This is followed by describing the purpose of the behaviour from the client's perspective using the statements, 'I want...', 'I don't want...', 'I feel...' and 'I need...'. The strategy development stage addresses the purposes of the behaviour either by implementing environmental change or by providing skill training to the individual displaying the behaviour. An example of an environmental strategy for a person who is displaying anger at waiting is changing his or her routine to eliminate waiting periods, whereas a skill based strategy may involve skilling a person to tolerate delay.

The behavioural intervention that was used as the data for this investigation was directed at Jane, a middle-aged woman who has been diagnosed as having severe learning and communication impairments. Functionally, Jane is able to walk across a level surface and eat at table using a fork. Day support staff report that Jane has been able in the past to make a choice between two real objects when presented to her, such as two different types of drinks. Jane requires physical assistance to dress, bathe and walk upstairs. Jane's support staff complete all home duties, such as food preparation, cleaning and shopping. Jane is unable to speak or use sign language.

Jane lives in a four bedroom group home with three other people with severe to profound learning impairment, in an outer suburb of an Australian capital city. Four months prior to the behavioural assessment meeting used as the data for this project, Jane had sat on the back veranda and had refused to come inside. Although the veranda sheltered Jane from the rain, it was exposed to the cold and wind. Staff reported that during the winter Jane's toes had turned blue. The only time she went inside was to go to her bedroom to sleep.

Staff's attempts to verbally and physically prompt Jane to come inside had led to an increase in the frequency and duration of incidents of challenging behaviours from Jane. These behaviours included Jane biting herself on the left forearm, banging her head

against the corners of tables and walls, screaming for 10 to 15 minutes; and biting, slapping and pulling the hair of residential staff.

In light of Jane’s refusal to come inside and her subsequent aggressive behaviours towards residential staff, a challenging behaviour intervention was requested by Jane’s residential services. The professional team accepted the referral and an intervention was implemented. The intervention was supported by Jane’s day support service. The findings of this intervention recommended that all home-based meals be served in the dining room. This strategy was formulated to encourage Jane to come inside for her meals. Both day support and residential services implemented this strategy. Although the strategy resulted in Jane coming inside the house from the back veranda, Jane’s day support staff were concerned with Jane’s refusal to eat in the dining room, her weight loss, and the reduction in her engagement in activities during the day support program. The day support staff sought a second behavioural intervention to review the findings of the first. The residential service agreed to support the second intervention. Different members of the professional team conducted the two interventions.

The names given to the six support workers are Amanda (co-ordinator), Gail, Linda, James, Barry and Carolyn. Sue is the name given to the allied-health progressional. Table one gives a break down of the participants gender, positioned held, length of time working with Jane, and participants’ approximate age.

Table One

Name	Gender (F=Female M=Male)	Category	Length of time staff have working with Jane*	Approximate age
Amanda	F	Co-ordinator of day support team	Five years	Early forties
Carolyn	F	Support-Worker	Almost one year	Early twenties
Linda	F	Support-Worker	Three and a half	Mid-forties
Gail	F	Support-Worker	Five and a half	Mid-fifties
James	M	Support-Worker	One	Mid-twenties
Barry	M	Support-Worker	Fifteen months	Late-thirties
Sue	F	Allied-Health Professional	Six years prior to Jane move from the institution to the community	Early forties

* Taken from transcript when Sue asks the question: ‘Ok, how long has everybody worked with Jane.’ (Appendix II, p. 8, ln. 321).

During the session, James used an interpreter. Due to confidentiality, the reason for the use of interpreter and cannot be disclosed. In the transcript of the meeting both James' voice and that of the interpreter are recorded separately.

The recorded session, which comprises the data for this investigation, is the first assessment session of the behavioural intervention. The meeting was scheduled to last an hour and replaced the fortnightly staff meeting. The session was recorded at the support workers' day support centre at 3:30pm, following the completion of programs for that day.

Discussion and Limitations

The investigation is presented as an empirical case study of the practical reasoning used by six support-workers and an allied-health professional as they develop a behavioural management plan for Jane, a woman with a severe intellectual and communication impairment. The investigation does not claim to be a representative sample: rather, like similar investigations it is attempting to explicate the 'logical grounds and mechanisms of social order' (Lynch & Peyrot, 1992, p. 118). Following Lynch and Peyrot's suggestion, the aim of the investigation is make visible the practical reasoning in use by 'replacing commonsense "notions" with independently derived definitions and mechanisms' (p. 118).

The method of the investigation has been designed, as far as possible, to put the reader into the same position as the research team in regard to the materials used in the analysis and to ensure that the data offered to the reader has a high degree of reliability. This has been achieved by capturing support workers going about their business of *doing* supportive care, during a behavioural intervention meeting with an allied-health professional. This meeting was digitally recorded using a boundary microphone that allowed for virtually total room coverage. The resulting recording was of a high quality, being both clear and crisp. Finally, the transcript made from the selected data was rigorously checked to ensure it accurately reflected the taped session.

The methodology was selected for its ability to make explicit the practical reasoning used by people on a given occasion, reflecting on the methodology of this investigation raises

a number of concerns that directly relate to the reliability of the data gathered and the transcription of that data.

The reliability of the data needs to be questioned on the grounds that transcription of the taped session is not the recording of that session, that is, the written word is not the spoken word. The ability to present the audio recording of the transcript to the 'reader' would have provided a greater reliability to the data by allowing the 'reader' access to the *same* data as the researcher. On the conception of the project, it was decided to limit the availability of the audio recording to my academic supervisor and myself; that is, Newell and Wareing. This decision was taken to ensure the anonymity of those who took part and those who are referred to during the sessions.

The decision to limit the hearing of the audio recording to the research team had another unforeseen effect on the transcription of the data. The inability to share the data with other researchers prevented the transcript from being cross checked. Accordingly, whether the transcription is or is not accurate cannot be verified from an outside source. In the light of this the reliability of the transcripts must be questioned.

Similarly, the intent of the analysis was to examine the categories in use. The transcript was formulated around the spoken word as utterance and not how those words were actually uttered. In and out breaths were not noted, neither were alterations in the speaker's tone of voice and elapsed time in silence were only recorded in the extracts analysed. The lack of these features limits the reader's ability to access the data according to his or her own needs.

Finally, no attempt was made to hide the microphone. The microphone was placed in a prominent position and the participants told of its presence before recording was begun.

The data for this investigation is offered to the reader with these limitations. It is the research team's belief that these limitations have had minimal impact on the reliability of the data collected; however, this cannot be verified.

As a closing comment, it is unclear what effect I had on the data collection. Working in the area has given me the advantage of having access to the data. Whether that advantage is reflected in the analysis of the data is a moot point; that is, can a native analyse the tribe?

In the following chapters, the validity of the findings will be assessed from the analytical method used to explore the data. The analytical methods employed in the following three chapters will vary either in the way they are applied or in the relationship to the emphasis that is placed on particular methods. Chapter Five will examine a selected portion of the transcript that deals with the narrative of choice as expressed by the support workers. Chapter Six will examine the use of the voice given to Jane by the support workers. The final analytical chapter, Chapter Seven, will examine the use of the pronoun 'it', by a support worker, to refer to Jane.

‘And that’s their choice.’: Taking Choice, Empowerment and Opportunity

Now none of that stuff is officially recognized. It’s not recognized in just the way that Marxists would say that the dependence of our culture on the laborer is not recognized; i.e., it’s not only not recognized by those on top, it’s not recognized by those at the bottom either. (Sacks, 1979, pp. 10)

In this chapter I shall examine in detail a single portion of 79-minute session that has as its theme ‘client choice’. The goal of this analysis is not to examine the narrative of choice as found in the extract but to examine the interactional work done between the seven people attending the session. The extract has been selected to explicate the procedural knowledge in use via the use of a single case analysis. The passage is offered as a means to make visible the practical reasoning support workers use in supported care for people with an intellectual impairment, and ‘how’ that reasoning is produced, recognized and treated as an orderly phenomenon.

Analytical Method

As Wooffitt (1992, p. 72) points out, the analysis of the single case has been a longstanding feature of the analytical work formulated by Sacks (1984b). The single case analysis has been used to illustrate analytic observations. As Sacks suggests:

The idea is to take singular sequences of conversation and tear them apart in such a way as to find rules, techniques, procedures, methods, maxims (a collection of terms that more or less relate to each other and that I use some interchangeably) that can be used to generate the orderly features we find in the conversations we examine. The point is, then to come back to the singular things we observe in a singular sequence, with some rules that handle those singular features, and also, necessarily, handle lots of other events. (p. 413)

The intent of the single case analysis is to make explicit the order found in this specific sequence of interaction. In this case the order found in 'naturally-occurring-behavioural-intervention-talk'. This single case analysis acts as a means to introduce membership categorisation analysis to the reader and serves to introduce the practical reasoning of support workers and allied health professionals as they go about their business of *doing* supported care.

The category membership of the people taking part in the session is constituted by what they are doing and the context. Like other identifiable social events, there is the requirement that certain identifiable category members be present (Hester, 1992, p. 167). In this case the recognisable categories attending the behaviour intervention meeting are from the categories 'Support-Worker' and 'Allied-Health-Professional'. The analysis is not so much to attribute a device to the collection, but to give an account of the bound-activities that are attributed to the categories 'Support-Worker' and 'Allied-Health-Professional', thereby attempting to make explicit the commonsense *doing* of these two categories.

The Encounter

Sue, belonging to the category 'Professional', begins this extract with a question to the group:

[DW:2/1: pp. 12: ln. 530]

1 Sue: All righty (1.6) em (1.0) where do the other householders live, eat,
2 er: (0.7) sorry.

In asking this question, Sue's utterance has begun the categorisation work by acknowledging that the obligation and duty of the 'Support-Worker' is to know the people they are supporting (that is, the 'Client'). The subsequent response from Gail to Sue is an account of that knowledge, and confirms that first bound-activity tied to the 'Support-Worker' that is to 'know' the 'Client':

3 (2.0)
4 Gail: Greg, (0.8) can I mention names, is that quite all right under these

5 circumstances¹. Em: (1.5) Greg Miller would em (2.4) be taken to
 6 the table first off if he showed signs that he was: uncomfortable there
 7 he would be offered the veranda or anywhere, anywhere he likes (1.8)
 8 actually.
 9 Em: (0.9) Nicola would always sit at the table unless there was a (*)
 10 meal outside (0.3) she would go outside, well of course outside parks
 11 and the other houses I must admit
 12 Em::: (2.0) Isabelle would be (1.0) at the main table most meals
 13 except for (*) as I said outside activities or parks or other houses

The account given by Gail in lines 4 to 13 is accepted without discussion. No one appears to be surprised. There are no follow-up questions. They are heard as being unremarkable, ordinary: 'something-that-you-may-well-expect-from-support-staff'. Sue has asked a question and Gail has responded.

The second bound-activity tied to the 'Support-Worker' is that of listening to the 'Client': As found in Gail's initial remarks in lines 5 to 7

5 *Gail:*Em: (1.5) Greg Miller would em, (2.4) be taken to
 6 the table first off if he showed signs that he was: uncomfortable there
 7 he would be offered the veranda or anywhere, anywhere he likes (1.8)
 8 actually.

Similarly with Linda, Gail and Amanda's remarks in lines 22 to 27:

22 *Linda:* ...will not em (0.6) allow you to assist with his meal until
 23 such a time you take him out of the veranda if that doesn't suit
 24 maybe out into the hall =
 25 *Gail:* = And he will make a verbal noise to let (1.3) let
 26 you know =
 27 *Amanda:* = Where you stand...

These two bound-activities of 'knowing' and 'listening' to the 'Client' are clustered together, whereby 'listening' to the 'Client' counts as 'knowing' the 'Client'; and likewise, 'knowing' the 'Client' allows you to 'listen' to the 'Client'. These two bound-activities are interchangeable, such that 'to-know-is-to-listen' and 'to-listen-is-to-know.'

¹ From the transcript it is unclear what Gail means by her utterance in lines 4 to 5: '...can I mention names, is that quite all right under these circumstances'. However, this is the first time in the session that the other clients, a part from Jane, are to be named, accordingly the 'circumstances' mentioned by Gail may refer to something unusually, such as the recording of the session. If this is the case, it suggests that the participants are taking into account the presence of the microphone and the recording equipment.

The third bound-activity tied to the 'Support-Worker' is dependent on 'knowing' the 'Client'. This bound-activity is to 'provide-choice-to-the-Client'.

Gail initially introduces choice in line 16, after she has completed the business of accounting for where Greg, Nicola and Isabelle eat:

12 Em: (2.0) Isabelle would be (1.0) at the main table most meals
 13 except for (*) as I said outside activities or parks or other houses
 14 (3.6)
 15 Sue: Ok =
 16 Gail: = and that's their choice.
 17 (1.4)

Linda follows on from Gail:

18 Linda: Yep Greg is about the only one sometimes
 19 [chooses to eat elsewhere and he chooses to eat elsewhere =
 20 Gail: [Would make a choice.
 21 Gail: =and he does.
 22 Linda: Because he will not em (0.6) allow you to assist with his meal until
 23 such a time you take him out of the veranda if that doesn't suit
 24 maybe out into the hall=
 25 Gail: = And he will make a verbal noise to let (1.3) let
 26 you know =
 27 Amanda: = Where you stand (((laughs)).
 28 Linda: [You don't feel like eating inside today
 29 Greg ((inaudible)).

Linda's utterance in lines 22 and 23 (i.e. '...because (Greg) will not allow you to assist with his meal until such a time you take him out of the veranda...'), constructs the moving of Greg to another area as bound-activity of 'provide-choice' to the 'Client'. Likewise, 'Nicola' and 'Isabelle', as members of the category 'Client', are provided with the bound-activity of 'choice' by not rejecting the main table, parks or other houses. The 'choice' of the 'Client' is accounted for as 'the-right-of-rejection-or-the-passive-choice-of-acceptance'.

30 Carolyn: Isabelle will take a drink outside if she wishes to drink outside.
 31 ? : Em.
 32 ? : Well, yeah.
 33 ? : Em.
 34 (2.0)

Similarly, Isabelle, in line 30, as member of category 'Client', makes a 'choice' by taking the drink outside.

Gail sums up the initial work by saying:

35 Gail: We em (0.5) it is a clients' right to make all those choices and we
36 been, we listen to them.

Gail by using the collective pronoun 'we' ('we' the six members of the category 'Support-Worker'), has tied the bound-activity of 'providing-choice-to-the-Client' to the category 'Support-Worker'. The bound-activities that are being attributed to the 'Support-Worker' are not working in isolation, but tie together the categories 'Support-Work' and 'Client', by distributing rights and obligations between these two categories. The right to choose is tied to the 'Client'; the obligation to provide that right is tied to the 'Support-Worker'. In turn the 'Support-Worker' listens to the 'Client', while the 'Client' has the right to communicate with the 'Support-Worker'. The bringing together, the uniting, of these two categories through their respective rights and obligations to each other forms them into a category membership device in its own right. As described in Chapter Three, Sacks (1972, p. 37) has characterised this type of relationship as a Standard Relational Pair (to be know as a relational pair).

Examples of relational pairs are found between husband and wife, policewoman and criminal, mother and baby (Watson, D. R., 1983). Sacks (1974) suggests a third person is required in order to determine whether the relationship is observable rather than simply being inferred (i.e. recognised only within the pairing or by one part of the members of the pairing). In order for it to be observable a third party is needed (i.e. the observer 'Z'). Sue in this case is the observer 'Z'.

37 Sue: Yep, ok the tricky thing, I s:urpose, with em: (0.6) Jane is that she
38 does, s::et herself up in very fixed (0.5) places and if:: (0.9) she is
39 not encouraged to actually move and I'm not sa:, you know I'm, not
40 putting strategies in place at this stage I'm just presenting an idea. If
41 she is not encouraged to move em: she gets more and more stuck (0.5) in
42 that one spot.
43 (1.4)

Sue, as observer 'Z', does not 'see' 'Jane' as a member of the relational pair 'Worker/Client', but as an alternative pairing of 'Worker/Jane' - where 'Jane' is a category with just one member (that being 'Jane'). This response from Sue questions the

rules of application, by making the category system work through a pairing of 'Worker/Jane', rather than seeing 'Jane' as a member of the collective category 'Client' and, accordingly, being tied to the pairing of 'Worker/Client'. Within this relational pair of 'Worker/Jane', the bound-activities of 'to-know' and 'to-listen' are still attributed to the 'Support-Worker', but are tied to 'Jane' rather than to the 'Client', (i.e. the 'Support-Worker' listens and knows 'Jane'). The third bound-activity (i.e. the provision of choice to the 'Client') is replaced with the alternative bound-activity to provide opportunity to 'Jane'. The resulting relational pair of 'Worker/Jane' stands in contrast to the relational pair of 'Worker/Client'. The switch is so great that it can be seen as a Gestalt switch. The acceptance of one of the relational pairs discounts the other one and the bound-activities (i.e. Category 'Jane' is either seen as making a choice or doing a habit).

Amanda, as a member of the category 'Manager-of-Workers', follows on from Sue:

- 44 *Amanda:* Yeah: I suppose the way we look at it is that we are not asking:: for::
 45 Jane:: to eat, sit drink everything in that hallway but we: are looking
 46 for other alternatives that is less stressful on Jane and makes less
 47 unhappy, I suppose (1.0) yeah other ways of doing it em:: (*) that will
 48 work.

Amanda's utterance accounts for the category 'Support-Worker' in terms of the pronoun 'we', '...we looking for other alternatives that are less stressful on Jane and makes (her) less unhappy.' (lines 46 to 47). Amanda appears to be seeking an account from Sue, as member of the category 'Professional', of what type of relational pair is required to do 'it' (line 47) (i.e. implement a behavioural modification program for Jane). Amanda frames her accounts by tying the bound-activity of discomfort to 'Jane', pairing this bound-activity to the bound-activity of 'Support-Worker' to 'encouraging-Jane-to-do-it'. Amanda utterances allows for a comparison, implying that the present levels are 'too' stressful for 'Jane' and need to be reduced. Amanda has called to account the level of stress to 'Jane', Amanda is attributing the bound-activity of 'hearing-and-seeing-Jane's-stress' to the category 'Support-Worker', but more importantly, identifying bound-activity of the 'Support-Worker' with 'minimising-stress-and-unhappiness-of-Jane'. The 'provision-of-choice-to-Jane' as bound-activity to the 'Support-Worker' is not raised.

Amanda's response accounts for a relational pair 'Worker/Client' that ties the bound-activity of 'imposing-degree-of-discomfort-onto-Jane' to the 'Support-Worker', such that the bound-activity tied to the 'Support-Worker' imposes a level of discomfort onto 'Jane'

in order for 'Jane' to complete the activity bound-activity of 'moving-from-one-particular-spot-to-an-alternative-one'. The 'Support-Worker' is obliged to balance the tied activity of providing stress/unhappiness to 'Jane' by matching it with the provision of 'opportunity-for-Jane' (i.e. '...other alternatives that is less stressful on Jane and makes less unhappy' [line 46 and 47]). The utterance of Amanda accounts for the action of the 'Support-Worker' preceding the action of 'Jane' (i.e. in encouraging 'Jane' to move, the 'Support-Worker' attributes distress to 'Jane'). This has the effect of setting down the relational pair in one way rather another.

- 49 *Gail:* Em.
 50 *Amanda:* Is that all right=
 51 *Gail:* = Em.
 52 *Linda:* Other than her starving yeah sure.
 53 *Carolyn:* How-how long do you have to wait (1.8) to have (*) you know one
 54 thing (0.5) happening.
 55 *Sue:* Yeah-yeah.
 56 *Carolyn:* And is not working (0.8).
 57 If it was working (1.4) well [((inaudible)).
 58 *Amanda:* [It's been about eight or nine weeks now=
 59 ?:] = Em =
 60 *Carolyn:* = It just hasn't worked. [I mean, she] is just starting to ((inaudible))=
 61 *Gail:* [If-if (*) yeah]
 62 *Amanda:* = Every second, but.

Amanda's comments gain tacit support for the relational pair 'Worker/Jane' from Linda in lines 52, 'Other than her starving, yeah sure'; tentative agreement from Gail in lines 49 and 51, 'Em'; and the subsequent reiteration of what Amanda said by Carolyn in lines 53, 'I mean how-how, long do you have to wait to know one thing is happening and is not working. If it was working well...'.
 63 *Gail:* If Jane wants:: (3.3) Jane can learn very quickly. If Jane wants to do
 64 it. Jane can learn in one day. (1.7) If Jane really wants to do it.
 65 *Sue:* Yep.

In lines 63 to 64, Gail as a member of the 'Support-Worker', accounts for 'Jane' as an individual category, that is the category 'Jane', with the bound-activity of 'being-able-to-learn-in-one-day-if-she-wants-to-do-it'.

'Jane' is not learning 'it' in line 64, because 'Jane' does not want to do 'it', (i.e. 'Jane' is refusing to learn). Gail's utterance is accounting for this refusal in terms of bound-activity tied to 'Jane', such that 'Jane' is choosing not to do 'it' via bound-activity of

‘the-right-of-rejection’ (that is, ‘refusing-to-learn’). By inference, the ‘Support-Worker’ is unable to teach ‘Jane’ ‘it’, because ‘Jane’ is refusing to learn. This leaves the ‘Support-Worker’ actions accountable in terms of ‘Jane’, and what this category ‘does’. The failure of the ‘Support-Worker’ to teach ‘it’ to ‘Jane’ is because ‘Jane’ doesn’t want to learn ‘it’. The action of the ‘Support-Worker’ is governed by the action of ‘Jane’.

Gail continues:

66 *Gail:* That has been proven time and time again ((laughs)). (1.8) She’ll
67 let you know (0.9) if she is happy or not happy, quite easily.

Gail accounts for the bound-activities ‘to-know-Jane’ (i.e. in line 66 ‘...has been proven time and time again’), and ‘to-listen-to-Jane’ (i.e. lines 66 and 67 ‘She’ll let you know if she is happy or not happy’) to the ‘Support-Worker’. Gail’s utterance is accounting for the ‘Support-Worker’ in terms of ‘Jane’ and the rights and obligations that exist between these two, forming them into a relational pair of ‘Worker/Jane’.

68 *Linda:* She’s far more strong willed (0.6) in her choices: (*) too and that upsets
69 some people.

Linda’s utterance ties ‘the strength of will’ to ‘Jane’ as a comparison (i.e. line 68 ‘She’s far more strong willed...’). In making this comparison, a question arises, far more strong willed than who? By implication - far more strong willed than other members of the category device ‘Person-That-Lives-In-A-Group-Home’. Linda, as a member of the category ‘Support-Worker’ is making this comparison, in reference to ‘Jane’ as member of that category device. Applying the consistency law, Linda is comparing ‘Jane’ to other members of the category ‘Person-That-Lives-In-A-Group-Home’.

Linda’s response implies that the display of ‘strong-will’ by a member of the category ‘Client’, in this case ‘Jane’, ‘upsets’ some members of the category ‘Support-Worker’. Linda has clustered together the tied activities of ‘strong will’ and ‘choice’ to ‘Jane’.

70 *Gail:* W:e we [have in past.
71 *Linda:* [that’s her right.

Linda then goes onto attribute the notion of ‘a-right’ to the bound-activities of ‘choice’ and ‘strong will’ (i.e. lines 71 and 73 ‘that’s her right’), the implication being the greater the ‘strength-of-will’ tied to the category ‘Jane’ the greater the attributing of ‘choice’.

72 Sue: She has always been (0.4) very [strong (0.6) very determined.
 73 Linda: [that's her right.

Sue, in line 72, is using a description of the category 'Historical-Jane', an alternative category of 'Jane' from the 'there-and-then' to describe 'Jane' of the 'here-and-now'. '(Jane), has always been very strong very determined' (line 72). In doing so, Sue is personalising 'Jane', calling on the category 'Jane-the-Person' rather than 'Jane-the-Challenging-Behaviour' or the 'Work-Activity-Jane'. Laying claim to the 'Historical-Jane', Sue is able to tie the bound-activity of 'being-strong-willed-and-determined' to 'Jane', in order to denote the 'ordinary-Jane', the 'unremarkable-Jane'. This, in turn, implies the 'Jane-of-the-there-and-then' is the 'Jane-of-the-here-and-now'.

Amanda speaks over the top of Gail in line 75.

73 Linda: [that's her right.
 74 Gail: I think[Jane over the last few years.
 75 Amanda: [But I think though Jane is not able to make informed
 76 choices herself =
 78 Linda: = No.
 79 (0.4)
 80 Amanda: Of cours:e.

Amanda's utterance ties the bound-activity of not being able to make an informed choice to 'Jane'; she has evoked a legalistic category to blockade Linda's remarks in lines 68 ('She far more strong willed in her choices') and in lines 71 and again in 73 ('that's her right'). Her utterance is openly questioning the tying of the bound-activity of 'choice' to 'Jane' and by inference, questioning tying of 'Jane's-strong-will' as indicating expression of the right to choose. Amanda's account is disregarding the inference of attributing the 'right of rejection, the passive choice of acceptance' as being informed choice.

Amanda's utterance has an instantaneous effect, drawing reluctant support from Linda as a member of the 'Support-Worker' via 'no' in line 78, with Amanda completing the sentence, 'of course' in line 80.

Gail, replies to Amanda:

81 Gail: Well (*) she has been empowered a lot of the last (0.9) number of
 82 years (0.4) the last ((inaudible)) and=

The application of the *consistency law* to Gail's talk in lines 81 to 82 suggests that attributing 'empowerment' to 'Jane' by the 'Support-Worker' is designed to maintain the relational pair positioning of the 'Worker/Client' by accounting for the actions of 'Support-Worker' being made accountable by 'Jane'.

Sue, as a member of the category 'Professional', suggests an alternative account:

83 Sue: = She has had heaps more
84 opportunities hasn't she =

Empowerment is not re-enforced by Sue, instead it is replaced by the notion of '...heaps more opportunities' in lines 83-84. Sue accounts for opportunities in terms of the verb 'to have', rather than Gail's comment as an act of empowerment that uses the verb 'to be'.

Gail follows on from Sue:

85 Gail: = Well that, exactly right, exactly right, and
86 em (2.0) you just need Jane you're going to eat Jane and you can::, she
87 can let you know very, very easily and I don't mean by challenging
88 behaviours, by face expressions, (*) hand expressions you get the
89 message very quickly (*) very subtle way but Jane wants and doesn't
90 want, (3.0) and by gosh:: she-you get a beautiful smile ((laughs)).

Gail's utterances ties the bound-activities of 'knowing-Jane' (i.e. line 86 '... you just need Jane your going to eat Jane and you can...'); and, 'listening-to-Jane' (i.e. lines 86 to 89 '...she can let you know very, very easily and I don't mean by challenging behaviours, by face expressions, hand expressions...') to herself, that is 'Gail' as a member of the category 'Support-Worker'. By this account, the relational pair of 'Worker/Jane' is dependent on the rights and obligations of what '...Jane wants and doesn't want...' in lines 89 to 90, such that 'Jane' has the right to 'say' what she wants and does not want and the 'Support-Worker' is obliged to respond accordingly. The relative pair position of the 'Support-Worker' is rewarded with the bound-activity of the appreciative 'Jane' (i.e. line 90 '...and by gosh:: she-you get a beautiful smile.').

The bound-activities that Gail ties to the category 'Support-Worker' in the relational pair of 'Worker/Jane' of 'knowing', 'listening' and 'providing choice' are the same bound-activities that Gail tied to the 'Support-Worker' in the relational pair of 'Worker/Client'.

By inference, this suggests that 'Worker/Jane' and 'Worker/Client' have the same rights and obligations between the members of the devices. This is in contrast to the way Sue, as a member of the category 'professional' used the device 'Worker/Jane'.

Summarising the Encounter

Throughout the passages Linda and Gail worked together in describing and accounting for the bound-activities tied to the categories 'Client' and 'Support-Worker' and the relational pair of 'Worker/Client'. They accounted for the 'Support-Worker' by tying a cluster of bound-activities to this category. These activities were 'knowing', 'listening' and 'providing choice' to the 'Client'. Sue, as a member of the category 'Professional', introduced the relational pair of 'Worker/Jane'. The bound-activities tied to this device were radically different from those attributed to 'Worker/Client'. The bound-activities clustered to this category device tied the provision of 'opportunity-to-Jane' to an obligation of the 'Support-Worker' (i.e. the bound-activities attributed to the category 'Jane' are made accountable by the attributes of the category 'Support-Worker'). Gail, as a member of the category 'Support-Worker', follows on from Sue's utterances by inferring accountability for the device 'Worker/Jane' to the category 'Jane' rather than to the category 'Support-Worker'.

Discussion

The people attending the behavioural review for Jane are engaged in attribution of rights and responsibilities between the categories of 'Support-Worker', 'Client' and 'Jane'. They attribute the rights and responsibilities between the varying categories turn by turn. Initially, the 'Client' is heard as having the bound-activity of 'choice-maker' and the 'Support-Worker' has as its bound-activity 'provider-of-choice'. By this account, it is the 'Client' that makes the actions of the 'Support-Worker' accountable, as the 'Support-Worker' is tied to the bound-activity of the 'Client'. The category 'Client' has the bound-activity of the 'choice-maker', while the 'Support-Worker' follows on from that bound-activity by 'provider-of-choice'. The resulting sequencing can be considered as an adjacent pairing (Schegloff & Sacks 1974, p. 238). Where the account of the 'Client' is paired to that of the 'Support-Worker', in so doing, both accounts are made accountable.

Examples of adjacent pairing are question/answer sequences or greeting patterns found at the beginning and closure of telephone conversations.

The alternative pair position is heard in Sue's utterances. In this pair position, the 'Support-Worker' accounts for the actions of their paired partner, which, in turn, makes these accounts accountable. The bound-activity of the 'Support-Worker' is to 'initiate-action-from-'Jane'. The bound-activity of 'Jane' is to 'respond-to-initiated-action-of-the support-worker'. The procedural sequencing found within the relational pair position is reversed.

Both pair positions put forward can be characterised as *doing* supported care, linking together the categories 'Support-Worker' and 'Jane' into a single category device. The distinguishing feature of the paired relationship is not an allocation of the different members to each of the pairings, but the allocation of rights and obligations between those members. It is the allocation of these rights and responsibilities, (i.e. how these two categories are used and known) which shapes the moral order tied to the *doing* of supported care.

The moral order found in this investigation is being formed as the people in this meeting go about their business of supporting people with an intellectual impairment. It is not external to its production. It is a part of the interactional work being carried out. In the following chapter, Chapter Six, a closer look is taken at how that interactional work is formulated, by examining the reported speech of Jane by the support staff, even though, Jane cannot talk. It is to Jane's given-voice that the investigation will now turn as a means to explicate the practical reasoning in use.

‘I’ll have the orange juice.’: The Use of Talk Attributed to Jane

There are some reasons why these kinds of context information designed for the listener are used, and that is, to keep them attentive to how to read what they’re being told. And there is reason for those things to be put directly before or after. (Sacks, 1992b, p. 274)

In this chapter I will examine extracts in which Jane’s verbal responses are cited as a means to account for the description offered by the support worker. These responses are attributed to Jane by the support staff. However, Jane cannot talk. She could not have spoken the words attributed to her. The focus on this chapter is to describe how these accounts are formulated and to explore the practical reasoning associated with their formulation. The following sequence is offered as an example of Jane’s given-voice. The voice given to Jane can be heard to refuse food in lines 5, 8, 9 and 11.

(4): [DW:2/1: p. 25: ln. 1106]

- 1 *Linda:* As she would be so hungry, she must be °so hungry°. (1.0) And
2 she doesn’t steal food, I’ve not seen her steal food in years. (0.7) Not
3 anybody’s, not even her own that she has been tempted with.
4 *Sue:* Mm.
5 *Linda:* She has decided that (0.4) ‘I’m not eating there.’
6 *?:* Mm-mm.
7 (1.5)
8 *Gail:* ‘Keep your food =
9 *Linda:* = STICK IT.’
10 (0.2)
11 *Gail:* ‘Keep your food.’
12 *Linda:* She doesn’t even steal it. (0.5) no. (1.2) She used to (0.6) years ago (1.1)
13 yep.

The consistency law was used to determine whether the reported speech was being attributed to Jane rather than to somebody else. For example, in line 5, Linda utters: ‘She has decided that, ‘I’m not eating there’’. Linda is tying the utterance of ‘I’m not eating there’ to ‘Jane’ by attributing the statement to the pronoun, ‘she’. Thus the utterance by

Linda of 'I'm not eating there' is heard tied to 'Jane' and not to Linda as a member of the category 'Support-Worker'. Similarly, with the application of the consistency law, the adjacent turn, 'Keep your food' (in line 8 and repeated in line 11), and 'Stick it' (line 9) are tied to 'Jane'.

Reported Speech

Holt (1996, p. 220) defined direct reported speech in conversation as the utterances that speakers structure in a way to suggest they are reproducing the words of another person, spoken on a different occasion. In the same way, Wooffitt (1992, p. 155) characterised reported speech as being sequences in which speaker's use reported dialogue, words or utterances that people have reportedly said or uttered between themselves and other people. However, Wooffitt (p. 161) suggests it is 'more useful' to make the assumption that certain utterances are formulated for interactional purposes rather than being accurate reports of what was said. Wooffitt identified this type of speech act as the 'active voice in the account' rather than using the term 'reported speech'. Alternatively, Buttny (1998, p. 48) sees reported speech as being 'double voice' where the present speaker uses a quoted utterances for his or her own purposes in the present context.

Wooffitt (1992, pp. 155-187) investigated the way active voices in accounts of paranormal experiences were formulated to provide validity to the experiences described. According to Wooffitt (p. 174), this was achieved by making the accounts of the paranormal experience accountable to the teller of the experience and to a second party or parties via the use of an active voice. The following extract from Wooffitt's work is used as a means to describe this phenomenon. The speaker is reporting an experience that she had while staying overnight at a friend's house. The following morning she questions the friend regarding the history of the house:

- 1 she says
 - 2 'Did you feel something?'
 - 3 '*Damn right* I felt something!'
 - 4 I said,
 - 5 'There's a ghost up there.'
 - 6 She says,
 - 7 'Yeah, we know.
 - 8 We didn't want to tell you
 - 9 because we didn't want to
 - 10 unnecessarily frighten you'
- (Wooffitt, 1992, pp. 169-17, original emphasis)

Wooffitt (1992, p. 170) writes, it is the ‘other voice’ that confirms the speaker’s assumptions about what she has experienced was valid. The construction of the account allows the teller to be heard as having come up with the assumption that “there’s a ghost up there” independent of any prior knowledge.

An alternative perspective is presented by Holt (1996), who studied ‘hundreds’ (p. 221) of examples of reported speech taken from recorded telephone calls in Britain and America. Holt (p. 242) found that reported speech was an ‘effective’ and ‘economic’ way of providing evidence ‘because by depicting the utterance in question, it enables the recipient to witness it for himself or herself, thus lending an air of objectivity to the account.’

Holt (1996, pp. 241-242) noted that the distinguishing characteristics of reported speech were that pronouns, spatial and temporal references, and verb tense matched the reported speaker’s context and the context that the talk was reportedly taken from. Holt also described that reported speech is ‘very regularly preceded’ (p. 242) by a pronoun-plus-speech-verb construction. To illustrate this point, I turn to an extract from Holt’s article (p. 233). The pronoun-plus-speech-verb constructions are found in lines 11, 13 and 15. (The transcription has been simplified with the removal of in and out breaths.)

- ...
- 10 Lesley: But then he came back upstairs 'n 'e climbed
 11 back into bed 'n just as 'n a:fterthought he said
 12 to me. Did you lea:ve the em: sideboard
 13 drawer ope:n, an' I: said no an'
 14 Kath: []
 15 Lesely: he said we:ll (*) did you leave the big windo:w
 16 open =
 17 Kath: = []
 18 = [ehh hgh] And a'course
 19 then the penny dropped. So we got up 'n rang the
 20 police.

Although praising Holt’s (1996) study, Buttny (1998, p. 55) questioned the lack of emphasis Holt placed on the contextual framing of direct reported speech. For Buttny (p. 54) ‘reported speech gets presented in some contextual frame’: a frame that enables prior utterance in one context to be understood in a second context. Buttny (p. 56) sees reported speech as an opportunity to investigate how contextual frames are formulated and used.

Using the work of Holt (1996), Buttny (1998) and Wooffitt (1992), the following analysis explicates the practical reasoning used in the formulation of the voice given to Jane, by exploring how these utterances are constructed and what they are used for.

A review of the behavioural session found seven extracts where 'Jane' is attributed with a given-voice. The extracts are numbered according to the appearance in the session; one appears before two and two before three and so on. The analysis of these extracts is presented in two parts. In the first, Jane's given-voice is heard to be attributed to Jane without the use of pronoun-plus-speech-verb construction as identified by Holt (1996, p. 242). The second part uses a construction similar or identical to the one identified by Holt.

Part One:

Following Wooffitt (1992, p. 156) in his attempts to assist with the identification of sequence of reported talk in transcription, Jane's given-voice is identified by speech marks that are used in fictional writing.

The first part of the analysis will examine Jane's given-voice in the absence of Holt's (1996, p. 242) pronoun-plus-speech-verb construction. The extracts that are examined are one, four and six. Following their examination, an overview of the finds from these three extracts will be given.

(1) [DW:2/1: p. 7: ln. 292]

- 1 *Linda:* I ther-has been an occasion (0.6) when she was so upset that she hugged me
2 *Gail:* ((Inaudible.))
3 *Linda:* Three weeks ago. (0.3) She hung onto me. She wouldn't let me go. She
4 wasn't going to hurt me. (1.2) She just hugged me. She just hung off me.
5 That is the closest I've ever been to Jane (0.7) and she cried. ((Voice
6 breaks on 'ed' of cried)).
7 *Gail:* She's been crying.
8 (0.6)
9 *Linda:* Yep.
10 *Gail:* She's been [actually crying.
11 *Linda:* [That is the closest I've ever been to her.
12 (1.0)
13 *Gail:* Jane has actually[been crying.
14 *Linda:* [I could actually feel her heart beat (*) yeah.

15 (0.8)
 16 *Gail:* And she wants that food so much.
 17 *Linda:* Yep. (0.7) And she wants us to help her so:: much. That is what that is
 18 all about, that-that on the particular the whole thing leading up was (1.0)
 19 em.
 20 (0.5)
 21 *Gail:* 'Just help me.'
 22 *Linda:* Yeah just, yeah I know 'I trust you.'
 23 *Gail:* 'Let me have my [meal please.]'
 24 *Linda:* [I know she trusts::] me to.
 25 ? Yep.
 26 ? Hm.
 27 *Gail:* She does (1.4) yep she does.
 28 *Linda:* 'My only trouble is eating.'

Linda begins this passage by uttering that Jane is upset, so 'upset' that Jane has 'hugged' her (line 1). Linda's utterance describes how remarkable this encounter is, for Jane has not just hugged Linda, she has 'hung onto' her (line 3). Linda's utterance tells the hearer, that Jane did not let go or push her away and that Linda was not hurt by the encounter – Jane 'just hugged' Linda. The inference is that 'hugging-support-workers' is not routinely tied to 'Jane', especially if the support worker is not injured.

Even though hugging appears to be exceptional for 'Jane', something that 'Jane-does-not-typically-do', it, along with 'crying-while-being-hugged', can be heard as being 'normal' when tied to category 'One-Who-Is-Upset'. Linda's utterance is implying a pairing between In this device 'Jane' is heard as a member of the category 'those-who-are-upset', whereas 'Linda' is a member of the category 'Comforter'.

4 *Linda:* ...She just hugged me. She just hung off me.
 5 That is the closest I've ever been to Jane (0.7) and she cried. ((Voice
 6 breaks on 'ed' of cried)).

As a part of the pairing 'those-who-are-upset/comforter', 'Linda', as a member of the category 'Comforter', is attributed with the feeling of 'closeness' to 'Those-Who-Are-Upset'. Yet it is not just 'closeness' that is attributed to the 'Comforter', being 'upset' also appears congruent, as is evident in the breaking of Linda's voice on the 'ed' of cried in line 5.

16 *Gail:* And she wants that food so much.
 17 *Linda:* Yep. (0.7) And she wants us to help her so:: much. That is what that is
 18 all about, that-that on the particular the whole thing leading up was (1.0)
 19 em.
 20 (0.5)

- 21 *Gail:* 'Just help me.'
 22 *Linda:* Yeah just, yeah I know 'I trust you.'
 23 *Gail:* 'Let me have my [meal please.]'
 24 *Linda:* [I know she trusts::] me to.
 25 ? Yep.
 26 ? Hm.
 27 *Gail:* She does (1.4) yep she does.
 28 *Linda:* 'My only trouble is eating.'

Gail's utterance 'Just help me' in line 21 is the first instance of the allocation of given-voice to Jane. The voice given to Jane by Gail is seeking help: 'Just help me'. Gail's utterance is not reporting that the police have rung her to raise their concerns about Jane. Instead Gail, as a member of the category 'Support-Worker', is reporting Jane's given-voice. It is the category 'Support-Worker' that we can hear attributing Jane's given-voice. It is to this category that Jane's given-voice has asked for help.

The attribution of 'Jane's-trust' to Linda, as member of the category 'Comforter' in line 22 appears to require additional work by Linda in line 24 and by Gail with 'She does, yep she does' (line 27). This is in contrast to the voice given to Jane by Gail. This voice is heard to speak directly to those at the meeting 'Just help me' (line 21) and makes explicit the reason why Jane is 'upset': 'Let me have my meal please' (line 23), and 'My only trouble is eating' (line 28).

The work done in this first extract sees the categorisation of 'Jane' as belonging to the membership device 'One-Who-is-Upset' and Linda as a member of the category 'Comforter'. These two categories are heard as a single device, bestowing rights and obligations between 'Comforter' and 'One-Who-is-Upset'. It appears one of the obligations of the 'Comforter' is to *see* that the 'One-Who-is-Upset' is 'upset'.

Linda's utterance in lines 17 to 20 infers that '(Jane)-wants-help', by suggesting that Jane is seeking that help of the support workers; that is, 'And she wants us to help her so much' (line 17). It is Jane's given-voice, as uttered by Gail, that initially makes explicit this request: 'Just help me' (line 21) and then subsequently, the type of help Jane is requesting: 'Let me have my meal please' (line 23). In so doing, Jane's given-voice is heard as typifying the 'care-that-Jane-is-receiving'. Interactional work completed in this first extract is about the typification of support to the category 'Jane' one way rather than another. That is, Jane has to plead for her meal rather than it being given to her.

In the following two extracts Jane's given-voice is heard to do similar work as that found in the first extract; Jane's given-voice typifies 'Jane's-care':

(4): [DW:2/1: p. 25: ln. 1106]

- 1 *Linda:* As she would be so hungry, she must be °so hungry°. (1.0) And
 2 she doesn't steal food, I've not seen her steal food in years. (0.7) Not
 3 anybody's, not even her own that she has been tempted with.
 4 *Sue:* Mm.
 5 *Linda:* She has decided that (0.4) 'I'm not eating there.'
 6 ?: Mm-mm.
 7 (1.5)
 8 *Gail:* 'Keep your food =
 9 *Linda:* = STICK IT.'
 10 (0.2)
 11 *Gail:* 'Keep your food.'
 12 *Linda:* She doesn't even steal it. (0.5) no. (1.2) She used to (0.6) years ago (1.1)
 13 yep.

As with the previous extracts, Jane's given-voice comes after the attribution of behaviour tied to Jane, but in this case the voice is used to indicate that Jane does not belong to the category 'Food-Stealer'. Instead the voice implies the bound-activity of 'defiance' to 'Jane'. Jane is refusing the food offered to her, not because she cannot eat, but because she has decided not to eat 'there' (line 5). Jane's given-voice says: 'Keep your food. Stick it' (line 9). Jane is being categorised as a 'Protester'. The 'Jane-of-the-Here-and-Now', the 'Protester', the 'Defiant-Jane' is contrasted to the 'Jane-of-the-There-and-Then', the 'Jane-Who-Used-to-Steal'. The inference being that 'Jane-of-the-Here-and-Now' is tied with the bound-activity of 'taking-a-stance':

- 8 *Gail:* 'Keep your food =
 9 *Linda:* = STICK IT'.

'Jane' is heard to be refusing the food that is offered, pushing away the care that is tied to that offer. The 'protesting-Jane' is heard as being a product of that care. A moral spectrum is being drawn. On one side is the 'Jane-the-Protester-of-the-Here-and-Now' and on the other is the 'Jane-that-Steals-from-the-There-and-Then'.

(6) [DW:2/1: p. 42: ln. 1899]

- 1 *Gail:* Because we have found that even with her drinks: even though Jane has
2 always drink quite fast (1.1) even now it's: (1.2) she'll hold it and
3 quite firm.
4 *Sue:* Mmhm.
5 (1.0)
6 *Gail:* And you can see the pour [everythin's:.
7 *Linda:* [She doesn't] chew. She doesn't chew,
8 everything goes down whole, she just goes ug-ug-ug-ug it just goes down
9 whole. She doesn't chew (1.1) because it's too busy shovelling it in.
10 *?:* Yeah =
11 *Gail:* = 'I've got food, let me get it.'
12 *Linda:* Yep.

This particular passage highlights the interactional work between Linda and Gail. Jane's given-voice provides an effective and economical summary of the intent of Jane's actions: 'I've got food, let me get it'. The recipient is left in no doubt that the bound-activity of 'eating-quickly-and-eating-everything-at-once' is tied to 'Jane'. The description of Jane shovelling that food in prior to Gail's utterance is consistent with the account offered by the given-voice.

In the above extracts, Jane's given-voice is used to make explicit the issues affecting 'Jane'. The given-voice tells the listener; 'Just help me' (extract 1, line 21); 'Keep your food' (extract 4, line 8); and 'I've got food, let me get it' (extract 6, line 11). Yet what this voice is doing is not so much tying bound-activities to 'Jane', but tying 'Jane' to the type of 'care/support-Jane-is-receiving'. 'Jane' as a member of the category 'Person-Who-Lives-in-a-Four-Bedroom-Group-Home' is being portrayed as a product of that 'care-given-in-a-four-bedroom-group-home'. Interactional work being carried out in these three extracts categorises the 'care-Jane-is-receiving' one way rather than another way. Hence, 'Jane' is typified as 'not eating', rather than 'eating' and as being 'upset' rather than being 'happy'.

It is the category 'Support-Worker' that is attributing Jane's given-voice to 'Jane', and in so doing, tying the bound-activity of listening to 'Jane' as a member of the category 'Client'. However, at the same time, the uttering of Jane's given-voice allows the inference to be made: 'what-is-happening-to-Jane-should-be-happening-in-another-way'.

Part Two:

In this second part, an analysis is offered of the remaining four extracts. In these extracts there is evidence of a pronoun-plus-speech-verb construction similar or identical to that identified by Holt (1996, p. 242). In the first three of these extracts Holt's construction is accompanied with the inclusion of an action descriptor, while the final extract is identical to Holt's construction.

In the first extract from this section, extract two Gail reports that Jane has not had challenging behaviours for three years.

(2) [DW:2/1: p. 8: ln. 345]

- 1 Gail: [WE HAVE NOT HAD EM:
2 (0.6) challenging behaviours with Jane for (0.7) about three years.
3 Linda: No.
4 Gail: No, not [now] no.
5 Linda: [Not for ages.]
6 Gail: Big smiles no hiding away, the whole thing =
7 Linda: = Cheeky.
8 Gail: I mean [Big smiles], the whole works.
9 Linda: [You don't see that.]
10 Gail: And at the moment we're finding (1.3) we are not getting those happy
11 faces:. (1.3) We are finding and it-it is only through observation:, she is
12 moving, her-her chair used to be up against the wall in the hallway, (0.6) now
13 it has gone around (1.0) into the corner area. (1.1) And if you directly look
14 at Jane face to face: (1.0) she pulls her (1.0) face:: out of her your view:
15 (1.0)
16 Linda: And she'll tell you off too.
17 Gail: She'll-will (0.7) more or less says 'get out of my your face', well (1.6)
18 just by her em: (0.5) [hand action.]

In this extract, 'Jane-of-the-Here-and-Now' is compared with the 'Jane-of-the-There-and-Then', the 'Jane-of-the-Past-Three-Years'. This 'Jane' has not displayed challenging behaviours (lines 1-2). This 'Jane', 'Unproblematic-Jane', is attributed with bound-activities of 'big smiles no hiding away, the whole thing' (line 6), whereas the 'problematic-Jane', the 'Jane-of-the-Here-and-Now', is attributed with not giving 'those happy faces' (lines 10-11). This Jane, the 'Jane-of-the-Here-and-Now', 'more or less says get out of my face' (line 17). The 'more or less' appears to be acting as a modifier, allowing room for the given-voice to be questioned. However, Gail continues her

utterance by saying ‘well just by her hand action’ (line 18). The hand action is offered as evidence of Jane’s intent; that is, to communicate ‘get out of my face’. Jane’s given-voice is accounted for as an action descriptor. This action descriptor, in turn, is heard to make Jane’s given-voice accountable.

In the same way, extract three sees the allocation of a given-voice to Jane following a description of Jane’s action. In this case Jane is heard to choose her table because she likes it. Unlike Gail’s utterance in the preceding extract, Linda’s utterance is heard to be attributed to Jane: ‘Every time. “I like that table”’ Jane is heard to choose. The category ‘Support-Worker’ is attributed with ‘seeing’ ‘Jane’ making that choice:

(3) [DW:2/1: p. 23: ln. 1015]

- 1 Sue: Ok (1.1) em (2.5) all right, so the places she sits herself in these other
- 2 house (1.0) to eat, if indeed you do go to them, (1.7) is:: somewhere close
- 3 to a window (1.2) (only if she is inside) =
- 4 Gail: = Y[ea
- 5 Sue: [Or outside in the yard
- 6 (0.9) which is the same [as being outside in the garden.]
- 7 Gail: [Well (0.5) yeah-yeah-yeah]-yeah.
- 8 Linda: It appears to be close to a [window each time].
- 9 Gail: [Does appears to be] yeah.
- 10 Linda: There is a bit of a pattern there.
- 11 Gail: Yeah, but (0.4) yeah (0.6) A very nice pattern.
- 12 Linda: You think you take everything in at the time but you don’t.
- 13 Gail: You don’t do (really) you.
- 14 Sue: That’s (0.3) my job is to help you think.
- 15 Gail: ((Laughter)) Yes of course=
- 16 Sue: = To ask questions to make you
- 17 [think differently about a problem.
- 18 Gail: [Of course.
- 19 Gail: Of [course.
- 20 Linda: [Yeah.
- 21 Sue: Em:.
- 22 (4.1)
- 23 Gail: So even where she sits at Smith’s Point in the hut. She chooses that end
- 24 table [(We go right back)((inaudible))=
- 25 Linda: [To sit out looking through =
- 26 Gail: = Yeah-yeah.
- 27 Linda: With her back to the wall.
- 28 Gail: She acts like she knows, exactly.
- 29 Linda: (Yeah.)
- 30 Gail: She does exactly that.
- 31 Linda: (She has spoken. She does the same thing at that particular table.) She
- 32 chooses her table at Smith’s Point. It’s her table.
- 33 Gail: Yeah.
- 34 Linda: Every time. ‘I like that table.’
- 35 (2.1)

- 36 We have been able to join her without her [growling.]
 37 *Gail:* [Oh yes] that's right.
 38 *Linda:* As in she is not territorial [by choosing =
 39 *Gail:* [No

In this extract, Sue, the allied-health professional, highlights Jane's preference for sitting next to windows when inside. Linda and Gail take this as a pattern, and see Jane's table selection at Smith's Point as being further evidence of this pattern:

- 31 *Linda:* (She has spoken. She does the same thing at that particular table.) She
 32 chooses her table at Smith's Point. It's her table.
 33 *Gail:* Yeah.
 34 *Linda:* Every time. 'I like that table.'

The sequence of Linda's utterance sees Linda saying '(Jane) has spoken' (line 31) a description is offered of what Jane has 'said': 'She does the same thing at that particular table' (line 31). Following this description, Jane is heard to speak: 'I like that table' (line 34). Holt's (1996, p. 242) construction of pronoun-plus-speech-verb is formulated in associated with an action descriptor offered by Linda's utterance.

Linda's utterance is inferring a description of Jane's doing. Jane's given-voice is being attributed to what Jane 'typically' does. These 'doings', in turn, are made accountable in terms of Jane's given-voice. Jane's given-voice confirms the account that Linda's utterance has offered to the meeting, that account being that Jane chooses her table:

- 34 *Linda:* Every time. 'I like that table.'

Extract three is the only occasion during the session that Jane's given-voice is attributed to 'non-problematic behaviour'. Similarly, this extract is the only time during the session that Sue tells the support staff what she is trying to do; that is, line 14: 'That's my job is to help you think.' Sue appears to be tying to the category 'Allied-Health-Professional' bound activity of 'changer-of-thinking'. The effect this has on the interactional work being conducted during the meeting is unclear and is worthy of future research, but is beyond the scope of the present discussion of Jane's given-voice.

In extract five, Linda's utterance tells of a reported conversation between a support worker and Jane. Both the support worker's voice and Jane's given-voice can be heard. The activity descriptor is heard to infer how Jane conducted her half of the conversation and how the support worker responded:

(5) [DW:2/1: p. 34: ln. 1498]

- 1 *Linda:* And what she eats because (0.2) we still offer a choice on drinks but these
2 days she is very reluctant to tell you which she wants, she used to always
3 tell us what she wants =
4 *Gail:* = She used to touch the item.
5 *Linda:* 'Orange juice/milk which one do you want Jane?' 'I'll have the orange
6 juice.' 'Are you sure you want the orange juice?' 'I'll have the orange
7 juice, thank you very much for trying to trick me.' Yeah.
8 *Sue:* Mmhm.

As with Holt's description, there is the presence of the pronoun-plus-speech-verb construction, found in lines 2 to 3: 'She used to always tell us what she wants'. Jane's given-voice is accounted for in terms of the action undertaken. It is made accountable by Gail's utterance in line 4 'She used to touch the item'. Once again, a comparison is evoked with the 'Jane-of-the-There-and-Then', and in so doing the bound-activity of 'knowing-Jane' is tied to the category 'Support-Worker'.

The account tendered by Linda in lines 5 to 7 is a description of Jane choosing between a drink of milk and orange juice. Jane could not have engaged in this conversation. Instead the interaction is being typified by Linda's utterance. That is, the verbal exchange described by Linda's utterance is accounting for Jane making her preference known by touching her preferred drink.

The hearer of this exchange hears that the bound-activity of 'choice-maker' is tied to the category 'Jane-of-the-There-and-Then', serving as a contrast to 'Jane-of-the-Here-and-Now' who is heard as 'reluctant-choice-maker'. 'We still offer a choice on drinks but these days she is very reluctant to tell you which she wants' (lines 2 to 3).

As with direct reported speech, Jane's given-voice, as found in the interaction between Linda and Jane, adds 'an air of objectivity to the account' (Holt, 1996, p. 242). Jane's given-voice, the account of the voice in terms of an action by Jane, allows for the talk to be taken as part of reported context.

The final extract, extract seven, is different from the three previous occasions where Jane's given-voice has been examined. In this extract, Holt's (1996, p. 242) pronoun-plus-speech-verb construction is visible:

(7) [DW:2/1: p. 46: ln. 2050]

- 1 Linda: Because we realise that she errr: is a creature of extreme habit and that (*)
2 she [only going] to confuse her: [and]-and we don't need that rubbish =
3 Gail: [That's right.] [Yeah.]
4 Linda: = Of being told that we're mind breaking strategies because we know that
5 we're not, but (0.4) just the thinking of Jane not confusing her like Gail
6 says. She's going to start going out to the backyard and saying 'Righty-
7 oh, where's my tea' =
8 Gail: = After about two days =
9 Sue: = Yeah-yeah, ok =
10 Linda: = 'This is where [I feel I like to eat]
11 Gail: ['If food out there], if I go out there I can eat'.

Unlike the other extracts, Jane's given-voice in extract seven is offered to the listener as providing evidence of 'what-Jane-will-do'. The account is constructed as a prediction of Jane's behaviour, yet that account uses the present tense and the first person-pronoun, 'I'. In this account, Holt's pronoun-plus-speech-verb construction is heard: 'She is going to start going out to the backyard and saying 'Righty-oh, where's my tea' (lines 6-7). No account is offered in regards to how Jane will say, 'where's my tea', only that this will happen. An inference is being drawn between the attributes tied to Jane's given-voice and 'Jane' in lines 1 and 2 (i.e. Jane being a 'creature-of-extreme-habit' and 'somebody-who-is-easily-confused').

Jane's given-voice is being used to suggest the outcome of supporting 'Jane' in this way rather than in another way. That is, if Jane is given her meals in the backyard, she will go to the backyard expecting a meal. The voice given to Jane is being used to show what Jane's response will be. It is being used to typify Jane's responses before Jane has even been given a meal in the backyard.

- 6 Linda: ...She's going to start going out to the backyard and saying 'Righty-
7 oh, where's my tea.' =
8 Gail: = After about two days =
9 Sue: = Yeah-yeah, ok =
10 Linda: = 'This is where [I feel I like to eat]
11 Gail: ['If food out there], if I go out there I can eat'.

Extract seven is the only extract where a description of Jane's behaviour is not tied to Jane's given-voice. This extract is set in the future where Jane has been given her meals outside. After only two days of being given her meals outside, Linda and Gail's utterances suggest that Jane will be going to the backyard expecting to eat. Neither Gail nor Linda's utterances describe how Jane will make these requests. Instead, Jane's voice

is matched to the outcome of allowing Jane to eat in the backyard; that is, it is matched to the type of care being offered to Jane. Jane's given-voice typifies 'the-care-Jane-will-receive-if-she-is-allowed-to-eat-outside'. That care is attributed with the bound-activities of 'confusing-Jane-so-she-doesn't-know-where-to-eat' and 'introducing-Jane-to-a-dysfunctional-routine'. Jane's given-voice is being used to make these bound-activities explicit. The 'Jane', as a member of the category 'Person-Who-Lives-in-a-Four-Bedroom-Group-Home', is attributed with being the outcome of 'supported care'.

Discussion

Like Holt's (1996: 242) work on the direct reported speech in conversation, Jane's given-voice uses pronouns, spatial and temporal references, and verb tenses that are appropriate to Jane as the reported speaker, and to the account of the context given by the people at the meeting. Similarly, Holt's pronoun-plus-speech-verb construction device was found in four out of the seven extracts. Three of these extracts matched Jane's given-voice with a description of an action by Jane to account for that voice, such as hand waving (extract two); routinely sitting at a particular table (extract three) or touching an item to indicate a choice (extract five).

In the three extracts that did not follow the pronoun-plus-speech-verb construction, a description of Jane's behaviour precedes the given-voice attributed to Jane. The proximity of Jane's given-voice to the account of Jane's behaviour suggests that these two elements are clustered together. That is, the description of Jane's action allows the given-voice of Jane to be understood in accordance with that account. In the same way, Jane's given-voice permits description of Jane's action to be heard in reference to Jane's given-voice.

The only extract where a description of Jane's behaviour is not accompanied by Jane's given-voice is in extract seven. In this extract, Holt's pronoun-plus-speech-verb construction was evident. The extract is set in the future where Jane has been given her meals outside. Jane's given-voice is offered as evidence to indicate what Jane will do if she is allowed to develop a routine of eating outside. In this extract, Jane's given-voice typifies 'the-care-Jane-will-receive-if-she-is-allowed-to-eat-outside' by attributing to that care the bound-activities of 'confusing-Jane-so-she-doesn't-know-where-to-eat' and 'introducing-to-Jane-a-dysfunctional-routine'.

Holt's (1996: 242) pronoun-plus-speech-verb construction has been used to identify the varying methods that the people at the meeting have used Jane's given-voice in making their accounts of Jane accountable. Yet these accounts are not heard within a context. It is to the contextual framing of these accounts that the discussion will now turn.

In three out of the seven extracts examined (these being extracts two, four, and five), attributes tied to the category 'Jane-of-the-Here-and-Now' have been compared with those tied to 'Jane-of-the-There-and-Then'. These categories, and their respective attributes, have been used to account for the care given to 'Jane'. 'Jane-of-the-There-and-Then' is typified as being 'happy' and displaying 'no challenging behaviours', whereas 'Jane-of-the-Here-and-Now' is seen as being 'upset' and difficult to manage. Yet the division is not black and white. In extract four, for example, 'Jane-of-the-There-and-Then' is attributed with stealing food, whereas the 'Jane-of-the-Here-and-Now' refuses to steal even her own food. The attribution of the 'Unproblematic-Jane' to the 'there-and-then' is in direct conflict in extract four compared with the other three extracts where this formulation is found.

The apparent contradiction in the bound-activities found between the different extracts serves to highlight the practical reasoning in use. That reasoning sees the attribution of Jane's given-voice as a mechanism categorising the type of support being offered to Jane. The use of comparative construction of 'Jane-of-the-Here-and-Now' with the 'Jane-of-the-There-and-Then' allows the interactional work in the meeting to contrast type 'A' care with type 'B' care. Jane's given-voice is used to suggest the difference between the two types of care. The good care, that is the care tied to 'Jane-of-the-There-and-Then', is being linked with the 'smiling-Jane', the 'non-protesting-Jane', the 'Jane-who-will-steal-food-to-eat'; whereas the 'Jane-of-the-Here-and-Now' is the 'Upset-Jane', the 'Problematic-Jane', the 'Jane-Who-Refuses-to-Eat'. Jane's given-voice is used as evidence to support the tying of the different bound-activities to either the 'Jane-of-the-Here-and-Now' or the 'Jane-of-the-There-and-Then'.

In contrast to three out of the four remaining extracts, Jane's given-voice is used to categorise Jane's care as attributing 'unwanted' bound-activities to the category 'Jane'. That is, the bound-activities being tied to Jane are taken as being typical in the context of the 'type-of-care-given-to-Jane'. In extract one, Jane is categorised as a member of the device 'One-Who-is-Upset'; in extract six 'Jane' is typified as 'going-down-hill'; and in

extract seven, 'Jane' is categorised as being 'Problematic'. The exception appears to be extract three where Jane is attributed with a 'non-problematic' behaviour of choice making. This non-problematic behaviour is tied to the bound-activity of 'finding-the-way-to-care-for-Jane'. Accordingly, extract six, like all the other extracts that contain Jane's given-voice, is attributing bound-activities tied to categorisation of Jane's care. Jane's given-voice is used to imply the nature of that care.

Conclusion

The talk contained in these seven extracts is not about 'Jane' – it is about the categorisation of the 'care/support-given-to-Jane'. The way that Jane's given-voice is used is as a means to typify the care given to Jane one way rather than another. As a by-product of the usage of Jane's given-voice by the support workers at the meeting, 'Jane' is typified as a product of care.

‘... she has gone downhill’: Jane and the Pronoun ‘it’

Most of the categories (women, old people, Negroes, Jews, teenagers, etc., etc.) are not groups in any sense that you normally talk about groups, and yet what we have is a mass of knowledge known about every category; any member is seen as representative of each of those categories; any person who is a case of a category is seen as a member of the category, and what’s known about the category is known about them, and the fate of each is bound up in the fate of the other... (Sacks, 1979, p. 13)

The following chapter examines the use of the pronoun ‘it’ in reference to Jane. At no other time during the 79-minute session is ‘Jane’ or anybody else referred to as an ‘it’. The use of the pronoun ‘it’ is a deviant case found in the data. Perakyla (1997, pp. 210-212) suggests, deviant case analysis has been used to establish the consistency of patterns found in data sets by examining the perceived pattern found in the data against the deviant cases; that is cases where ‘things go differently’ (p. 210), where the elements of the suggested pattern are not associated with the other expected elements. In the case of conversation analysis, the use of deviant case analysis has been used to examine the relationship between successive turns of talk and the establishment of regular patterns of interaction.

A classic example of the deviant case analysis is Schegloff’s (1968, pp. 1079-1080) analysis of openings found in telephone conversations. After listening to 500 telephone openings, Schegloff proposed a hypothesis that it was the obligation of the person who was receiving the telephone call to speak first; however, Schegloff had a deviant case, where the caller spoke first and not the receiver. In taking into account this call, Schegloff changed his hypothesis, suggesting that it was the ring of the telephone that initiated adjacency pair ‘summons (telephone ringing) – answer’. The deviant case, where the caller spoke before the receiver, was taken as the receiver not fulfilling his or her obligation to the ‘summons-answer’ hypothesis, resulting in the caller verbally re-issuing the summons to the receiver of the telephone call (pp. 1091-1011).

Silverman (1998, p. 71) writes that Sacks was not interested in statistical analysis of the location of the utterance but to 'locate a version of the place and then see if you can come up with an account of why it goes there; some explanation or proofs' (Sacks, 1992b, p. 570, cited in Silverman, 1998, p. 71). Instead, Silverman tells of how Sacks pursued his 'interest' in conversational data by a three-step sequence; Sacks initially identified any utterance as 'a sort of thing', such as a summons or answer; work out where the utterance under investigation goes; and finally, try to explain why the utterance goes there and not some other location. Silverman (p. 70) writes that for Sacks the upshot of the pervasive nature of social forms meant that it did not matter what data you select, rather it was how the analysis was conducted. Nevertheless, the data for this chapter has been specifically selected. It is offered as a deviant case found within the investigation's data.

As mentioned above, the utterance that is of focus of this chapter is the attribution of the pronoun 'it' to identify Jane. The use of the pronoun 'it' to account for 'Jane' is not found anywhere else in the session. Like Schegloff's (1968) deviant case of the caller speaking first on the phone, the use of the pronoun 'it' to describe Jane is an exception. The intent of the following analysis is to explore this data, exploring the practical reasoning employed to allocate the pronoun 'it' to 'Jane'. The analysis will initially examine the attribution of the bound-activities to the various devices found in the passage of talk. On completing this task, attention will be paid to identifying what 'sort of thing' the pronoun 'it' is 'doing', where it is located and to give an account on why it goes there.

The Encounter

The extract begins seventy-minutes from the beginning of the session and lasts for two and half minutes. The focus of the extract is Linda's use of the pronoun 'it' to describe Jane in line 31. However, the extract continues for another twenty lines to help put Linda's utterance into context. Linda opens the extract with the utterance:

[DW:2/1: p. 42: ln. 1877]

- | | | |
|---|--------|---|
| 1 | Linda: | If she doesn't eat for a couple of days you got to be so <u>careful</u> what-what |
| 2 | | you offer her. Because if you give her something <u>rich</u> it's going to stuff |
| 3 | | up her stomach so much. |
| 4 | Sue: | Mmhm. |

Linda begins by highlighting the need for care in the type of food offered to Jane if she has not eaten for a couple of days as this could ‘stuff up her stomach so much’ (line 2 and 3). Linda’s utterance ties the bound-activities ‘to-care-and-protect-the-client’ to the category ‘Support-Worker’ and attributes the activity of ‘unable-to-care-for-themselves’ to ‘Jane’ as a member of the category ‘Client’. Within the pairing of ‘Client/Worker’, the Support-Worker distinguishes between what is safe and unsafe in a particular context, whereas the ‘Client’ acts not according to the context but according to the ‘task-at-hand’; ‘Jane-would-eat-rich-food-even-though-she-has-not-eaten-for-a-couple-of-days’.

Linda’s utterance also serves to explicate the typical. So that:

- 1 *Linda:* If she doesn’t eat for a couple of days you got to be so careful what-what
- 2 you offer her.

Serves not only to tie a series of bound-activities to the category ‘Support-Worker’ and ‘Client’, but defines that which is typical for the ‘Client’, in this case ‘Jane’ as a member of that category and corresponding eating habits assigned to that category. It typifies the bound-activities tied to ‘Jane’ one way rather than another; that is, ‘Jane-sometimes-does-not-eat-for-a-couple-of-days’ rather than ‘Jane-eating-everyday’. What is seen and heard as being typical for the member of the category ‘Client’ is being formulated in Linda’s utterance. Linda as a member of the category ‘Support-Worker’ is defining that which is typical and that which is not.

Sue responds to Linda in line 4 with ‘mmhm’, and Amanda utterance follows.

- 5 *Amanda:* She has actually vomited a couple of times =

The proximity of Amanda’s utterance to Linda’s, clusters together the activities of eating and vomiting to ‘Jane’. Yet ‘Jane’ has not ‘just’ vomited she has ‘actually vomited’ (line 5). Amanda’s utterance pays attention to Jane’s vomiting, accounting for it as an event that has ‘actually’ happened; that is, Jane has vomited. The ‘actual’ vomit is tied to Jane’s eating habits. Amanda does not cluster walking, talking or sleeping with the act of eating, but clusters vomiting. Amanda’s utterance ties vomiting to Jane’s, as such it is worthy of being accounted for in a discussion on Jane’s problematic behaviours. Jane has vomited. Jane’s vomiting is seen to be out of character for Jane. It has happened and it has happened more than once; that is, it has happened a ‘couple of times’ (line 5). The

question now is whether the incident of Jane's vomiting is heard as an atypical pattern that is relevant to work at hand.

6 *Linda:* =Yeah::::.
7 *Gail:* She has.

Linda and Gail acknowledge Jane's vomiting in lines 6 and 7 respectively. Linda makes Amanda's inference explicit in line 8 that Jane's vomiting is not typical.

8 *Linda:* She-she doesn't normally (0.5) vomit.
9 *Gail:* She has.
10 (1.0)

The tying of the non-typical bound-activity of 'vomiting' to 'Jane', serves as a contrast to the typical, (i.e. Jane does not vomit). Linda's utterances in line 8, as well as Amanda's in line 5, serves to tie the bound-activity of 'knowing-what-is-typical-and-what-is-not-for-the-client' to the 'Support-Worker'.

11 *Sue:* So does she vomit (0.6) like because she eats heaps and heaps or because
12 it is too rich or =

Sue as a member of the category 'Professional' is seeking an account of the 'non-typical-Jane' via description of allocated behaviour: 'does she vomit like because she eats heaps and heaps or because it is too rich or' (line 11 and 12). Sue's utterance is seeking knowledge from the support workers present, as 'hearers' and 'see-ers' of 'Jane'. Sue is not asking the accountant for the group home the question, neither has she invited a member of the public to join in the discussion. Instead, Sue as a member of the category 'Professional' is seeking knowledge of the client from the category 'Support-Worker'. The 'Professional' sees the category 'Support-Worker' as being 'hearers' and 'see-ers' of 'Client'. Similarly, the 'Professional' does not know the 'Client', but is attributed with the bounded activity of 'getting-to-know-the-client'.

13 *Linda:* =Bo[th I think.]
14 *Sue:* [which do] you think? =

The inference that Sue can draw from Linda's answer is the same as the inference suggested by the question; are they tied to 'Jane' or to the 'care-that-Jane-is-receiving'.

15 *Linda:* =It's just too much for the

16 stomach. I don't think anybody is thinking about that what is going on in
17 here =
18 Sue: =Yeah =
19 Linda: = The da[mage] that is going on in [here] =
20 Sue: [yeah] [Yeah] =

Linda, in lines 15 and 16, returns to bound-activity of the 'Support-Worker' of 'protecting-the-client': 'It's just too much for the stomach.'

Linda's utterance in line 16 and 17 questions the 'thinking' of those who support Jane: 'I don't think anybody is thinking about that what is going on in here.' Yet, this appears to be a contradiction for Linda, as a member of the category 'Support-Worker', is 'thinking-about-what-is-going-on-in-here': 'Anybody' has to be 'Somebody'. The category 'Somebody' who has been attributed with the 'responsibility-to-think' for 'Jane' as a member of the category 'Client'; that is, it is 'Somebody's' responsibility to think about what Jane's eating. According to Linda's utterance, 'nobody' is thinking about what Jane is eating, the category 'Somebody' is not thinking about the category 'Client', as such the 'lack-of-thinking' is heard as being incongruent with the bound-activity of the 'Support-Worker' to 'protect-the-client'.

21 *Linda:* = Because those who
22 often want to eat diet you know. ((Spoke in an English upper class accent.))

Linda in lines 21 and 22 uses a voice that sounds like an upper-class English accent. This accent is distinctly different to Linda's spoken voice. This heard voice offers an explanation why some people may choose not to eat even though they want to; that is, it attributes the category 'Dieter' with the bound-activity of 'self-denial-of-food'. The utterance in lines 21 and 22 (i.e. 'Because those who often want to eat diet you know.') is as a continuation of Linda's turn that commenced in line 15. The application of the consistency law suggest that this voice is tied to the category 'Somebody' and is offered as an account for the reason why Jane is not eating. Linda's utterance in lines 16 and 19 ties the bound-activities of 'not-think' and 'not-protecting-the-client' to the category 'Somebody'. Linda's utterance: 'Because those who often want to eat diet you know' (lines 21 and 22), gives voice to the category 'Somebody' and by the bound-activities tied to this category suggests the utterance, 'Because those who often want to eat diet you know' is heard as an example of 'the-lack-of-thinking-by-those-who-should-be-thinking-about-Jane'.

Gail follows on from Linda in line 23.

- 23 *Gail:* Because we have found that even with her drinks: even though Jane has
24 always drinks quite fast (1.1) even now its: (1.2) she'll hold it and quite
25 firm.
26 *Sue:* Mmhm.
27 (1.0)
28 *Gail:* And you can see the pour [everything:.

Gail evokes the use of 'even with' (line 23), to extend the Jane's problematic behaviours beyond her eating and into her drinking. Once again the problematic behaviour is inferred from the typical 'even though Jane has always drinks quite fast' (line 23 and 24) and is accounted for in terms of the mundane and ordinary, such as how Jane holds a drinking vessel ('she'll hold it and quite firm': line 24 and 25).

- 27 (1.0)
28 *Gail:* And you can see the pour [everything:.
29 *Linda:* [She doesn't] chew. She doesn't chew,

Linda speaks over the top of Gail's utterance in line 29, interrupting Gail's turn to bring the discussion back to how Jane eats, how Jane chews her food.

- 29 *Linda:* [She doesn't] chew. She doesn't chew,
30 everything goes down whole, she just goes ug-ug-ug-ug it just goes down
31 whole. She doesn't chew (1.1) because it's too busy shovelling it in.

The transformation of 'Jane' from a 'she' to an 'it' is achieved by clustering together the absence of mastication (i.e. line 29-30 'she doesn't chew, she doesn't chew, every thing goes down whole'), and the noise tied to 'Jane' of her swallow ('ug-ug-ug-ug'). These tied activities are used to elicit a description of 'doing-of-Jane' in terms of what 'Jane' does, (that is: 'She doesn't chew') and how 'Jane' does it (that is: '...everything goes down whole'). The pronoun 'she' is linked to what Jane does and how she does it. Such that:

- 29 *Linda:* [She doesn't] chew. She doesn't chew,
30 everything goes down whole, she just goes ug-ug-ug-ug it just goes down
31 whole. She doesn't chew (1.1)...

It is not until Linda talks in terms of the why, (i.e. why Jane 'shovels' her food in), that the pronoun 'it' is used. The pronoun 'it' is linked to Linda's explanation of Jane's 'doing', of Jane's actions. Accordingly:

31 *Linda:*

...(1.1) because it's too busy shovelling it in.

No one at the session questions the use of the pronoun 'it' to describe the category housing 'Jane' as one of its members. On the contrary, tacit support is given to Linda's description of this unnamed category, its member 'Jane' and bound-activities describing eating habits; firstly, by somebody agreeing with the description, 'yeah' (line 32), and then by Gail talking for 'Jane', the member of this yet unidentified category:

31 *Linda:* ...She doesn't chew (1.1) because it's too busy shovelling it in.

32 *?:* Yeah =

33 *Gail:* = I've got food. Let me get it.

34 *Linda:* Yep.

The 'I' found in Gail's utterance in line 33 is tied to 'Jane'. This utterance by Gail gives 'Jane', as a member of the category 'Client', a voice. This given-voice to 'Jane' accounts for the 'Jane' that 'doesn't chew' and 'swallows everything whole': the same 'Jane' that is transformed from a 'she' to an 'it'.

Jane's given-voice demands immediate gratification - 'I've got food, let me get it'. There is no description of waiting or pondering or self-discipline on 'Jane's' behalf. 'Jane' gets food. 'Jane' eats food.

Both Gail and Linda are heard to be 'hearers' and 'see-ers' of Jane's 'doing'. They are accounting for Jane's 'doing' and making that 'doing' accountable as members of the category 'Support-Worker'.

33 *Gail:* = I've got food. Let me get it.

34 *Linda:* Yep.

35 *Sue:* Some of, some of those are old (0.7) in[stitutional] behaviours=

36 *Gail:* [⁰yes⁰=

37 *Amanda:* =⁰for sure.⁰]

38 *Sue:* = [(ones she had before.)]

Sue's utterance, as a member of the category 'Health-Professional' accounts for the 'way-Jane-eats', by describing the lack of chewing and swallowing as 'old-institutional-behaviours' (line 35). Sue's utterance accounts for Jane's behaviour in the 'here-and-now' by linking it to the 'there-and-then' to behaviours 'she had before' (line 38), behaviours tied to 'institution'. Sue's inference, linking 'Institution' and the bound-

activities of 'not chewing' and 'swallowing everything whole' is 'heard' to be responsible by Gail and Amanda in line 36 and 37.

- 38 Sue: = [(ones she had before.)]
 39 Linda: [But one's that] she had actually [managed] to get rid of =

Linda breaks into Sue's turn. Linda's utterance does not accept the linkage of the 'Historical-Jane', the Jane of the 'Institution' to the 'here-and-now'. Instead 'sees' Jane's eating habits as being tied to the 'here-and-now', separate from those tied to the 'Institution'.

- 38 Sue: = [(ones she had before.)]
 39 Linda: [But one's that] she had actually [managed] to get rid of =
 40 Sue: [Got rid of.] = Yep.

Linda's utterance works in conjunction with Sue's 'get rid of' in line 40 to re-orientate the conversation back to the 'here-and-now'. Sue's utterance speaks over the top of Linda, breaking into Linda's turn to say 'she actually got rid of'. This has the effect of accounting for the way 'Jane' eats as from the 'here-and-now', away from the 'Historical-Jane', the 'Institutional-Jane', the 'Jane-of-there-and-then'. Whereas the behaviours described by Linda still can be spoken of as 'institutional-behaviours', the work done by Linda ensures they are attributed to a 'four-bedroom-group-home-in-the-community' rather than being tied to the 'institution'. The context is defined by the 'here-and-now'.

Linking Jane's behaviours to the present, Linda is now able to attribute responsibility for the behaviour to those who are currently supporting Jane.

- 39 Linda: [But one's that] she had actually [managed] to get rid of =
 40 Sue: [Got rid of] = Yep.
 41 Linda: Now, they have-re, they (*) who (*) ever, have re-instated them (0.5) and
 42 that's really sad that she has gone downhill.

Linda's utterance calls 'They-Whoever' to account for the changes in 'Jane'; that is, 'They-Whoever' have brought the 'old-institutional-behaviours' of not chewing food and swallowing it whole. 'Jane' is heard as a passive player. The 'Jane', as a member of the category 'Client' has been acted on by 'They-Whoever'. Linda's utterance is suggesting a relationship between 'They-Whoever' and 'Jane'. 'They-Whoever' did 'this' and has

resulted in 'Jane' having 'institutional-behaviours'. The net result is that Jane has 'gone downhill' (line 42).

Linda's utterance places the bound-activities attributed to 'Jane' on a hillside. There is high ground and there is low ground. You can go up hill and you can go down hill. Linda accounts for Jane as having 'gone downhill'. 'Jane' has travelled away from those who chew and eat their food by the mouthful to a level where they do not chew and swallow everything whole. 'Jane' has gone downhill, a descent into 'institutional behaviours': a move away from category 'A', where the members of this category are typified by non-institutional behaviours, to the lower level Category 'B' where members are attributed with institutional behaviours.

The 'downhill-run-of-Jane' is used as means to place Jane's 'doing' as a comparison between what is happening 'here-and-now' in the group home compared to what happened 'there-and-then'. Jane does not chew her food 'now' is compared to when she did chew her food in the 'there-and-then'. 'Then' is used to mark a higher level. 'Then' becomes 'when-Jane-did-chew-her-food-and-eat-it-by-the-mouthful'. 'They-Whoever' have not only re-instated the behaviours but have caused 'Jane to go downhill'.

Accordingly, 'They-Whoever' have 're-instated' the 'institutional behaviours' to 'Jane', and not the preferred behaviour of the 'Support-Worker'. The inference being that the preferred behaviour sought by category 'Support-Worker' is tied to the bound-activity of this category to 'care-and-protect-the-client', to facilitate 'uphill' movement in client rather than re-instatement of institutional behaviours.

Gail in line 43 follows on from Linda:

- 41 Linda: Now, they have re, they (*) who (*) ever, have re-instated them (0.5) and
42 that's really sad that she has gone downhill.
43 Gail: We have gone backwards.
44 Linda: Yep.
45 (*)
46 Linda: ^{oo}Because of someone's else ((incompetence.))^{oo}
47 Gail: Which is really sad.
48 Linda: ^oAll those years of hard work.^o

So that, line 42 '...(Jane) has gone downhill', and 'we have gone backwards.'

Gail has now introduced a second continuum; a second descriptor that uses movement to attributing order. Yet who is going down?, and what of this 'we' that Gail's utterance is ascribing to? How it is heard? Is it an inclusive 'we', that bounds that category 'Client' and 'Support-Worker' together?

Gail is not talking about 'Jane', she is using the collective pronoun 'we': 'We are going backwards'. Gail's utterance is pairing the movement of 'Jane', as a member of the category 'Client' to category 'Support-Worker'. The 'we' used by Gail's utterance accounts Gail as a member of the category 'Support-Worker' via the bound-activities tied to 'Support-Worker' to 'protect-and-care-for-the-client'. 'Jane' as a member of the category 'Client' is excluded from this typification, from the common 'we'; that is, 'Jane' is a member of the category that is protected rather than being a member of the category that does the protecting.

Gail's utterance can also suggest an alternative relationship that sees the moral journey of 'Jane' going 'downhill' as being tied to the category 'Support-Worker'. The category 'Support-Worker' is being paired with 'They-Whoever'. The bound-activities tied to 'Jane', become bound to the device that includes as its members the categories 'They-Whoever' and 'Support-Worker'. 'Jane', as a member of the category 'Client', is heard as being the 'bound-activity' of this device – the 'task-at-hand'. The upshot is the 'Jane's doing' is typified as a measure of the device's members success; that is, if 'Jane-goes-up-hill' the work performance of the device containing category 'Support-Worker' 'goes-forwards'. The advent of Jane 'going downhill' because of 'They-Whoever' results in the reduction in work performance of the category 'Support-Worker'; that is, the category 'Support-Worker' goes backwards.

- 44 *Linda:* Yep.
45 (*)
46 *Linda:* ^{oo}Because of someone's else ((incompetence.))^{oo}
47 *Gail:* Which is really sad.

The backwards direction of the 'Support-Worker' work is attributed to the 'incompetence' of 'They-Whoever'. The inference being, to be competent involves 'taking-Jane-up-hill', reducing Jane's non-institutional behaviours; that is, chewing her food and eating by the mouthful. As such, the bound-activity of 'protecting-the-client', clustered with the activity of 'taking-the-client-up-hill', is not attributed to the category 'They-Whoever'. As a member of the device 'a-person-that-supports-people-with-an-

intellectual-disability-living-in-a-four-bed-group-home', 'They-Whoever' is not attributed with bound-activities tied to this device, even though this category is a member of that device. As such, what this category's doing is typified as being incompetent. Linda's utterance protects the category bound-activities tied to the device 'a-person-that-supports-people-with-an-intellectual-disability-living-in-a-four-bed-group-home' by giving alternative bound-activities to the category 'They-Whoever'.

The tying of Jane's doing to the device 'They-Whoever/Worker' allows the absence of the 'Support-Worker's' bound-activity to 'protect-the-client' to be *heard* as a result of the pairing 'They-Whoever/Worker'. The inference being, it is the 'Support-Worker' obligations to 'They-Whoever' that prevents the fulfilling of the responsibility of the 'Support-Worker' to 'protect-the-client' in the device 'Worker/Client'. It is arguable that the interactional work carried out in the extract is formulated to give account of the absence of the tied activity of the 'Support-Worker' to 'protect-the-client'. The pairing 'They-Whoever/Worker' is made visible to account for the absence of the bound-activities between the members of the device 'Worker/Client'.

Linda measures the level of 'loss' in terms of 'All those years of hard work' (line 48).

- 48 Linda: °All those years of hard work.°
 49 ? : Pardon.
 50 (1.9)
 51 Linda: °Gone backwards.°

The doing of 'Jane', as a member of the category 'Client', is heard as bound-activity of the device 'one-that-supports-people-with-an-intellectual-disability-to-live-in-a-four-bed-group-home', that is, 'Jane-is-the-job-at-hand'. 'Jane' is not in a relationship with the category 'Support-Worker', but is 'heard' to be an *activity* of that category. Attributing 'Jane's doing' to this device makes the categories 'Support-Worker' and 'They-Whoever' 'seeable' and 'hearable'.

Supported care is tied to the device 'one-that-supports-people-with-an-intellectual-disability-to-live-in-a-four-bed-group-home'. 'Jane', as a member of the category 'Client', is an activity of this device. The way that the members of this device account for their actions will typify the actions of category 'Client'. The essence being, 'Jane' is typified by that support, by the very act of 'doing' supported care.

Summarising the Encounter

The extract begins with Linda expressing the need for care in regards to the type of food offered to Jane if she has not eaten for 'couple of days' (line 1). Linda is concerned for Jane's stomach and the likelihood that it will be 'stuffed up' (line 2). Amanda follows on, reporting that Jane has vomited. What is 'typical' and what is 'not-typical' for 'Jane' is 'heard' as being 'seen' by the 'Support-Worker'; that is, the category 'Support-Worker' is bound with 'knowing-Jane'. Linda attributes the reason for Jane's vomiting to 'lack-of-thinking' by those 'who-should-be-thinking-about-Jane'. Linda goes on to describe how Jane eats, and in so doing, attributes the pronoun 'it' to 'Jane'.

The subsequent categorisation work sees the introduction of the device 'They-Whoever/Jane', where 'Jane' is attributed with bound-activity of 'going-downhill' and 'They-Whoever' attributed with the 'type-of-care-that-results-in-Jane-going-downhill'. Gail implies an alternative pairing. This pairing couples 'They-Whoever/Support-Worker', with category 'Support-Worker'. The bound-activity of 'Jane-movement-is-downhill' is tied to the category 'Support-Worker'. In this pairing, the 'Support-Worker' is attributed with the bound-activity of 'going-backwards' whereas 'They-Whoever' is attributed with 'type-of-care-that-results-in-Jane-going-downhill'. 'Jane' and the attributes tied to this category are bound to the device 'They-Whoever/Support-Worker'.

The practical reasoning used in this extract typifies 'Jane' as a product of 'care', by attributing 'Jane's-doing' as a bound-activity tied to the device 'Support-Worker/They-Whoever'. In this device the category 'They-Whoever' is heard to initiate action, whereas the bounded-activities tied to the category 'Support-Worker' are heard as being subservant to those of the category 'They-Whoever'. Using this device, the support workers at the meeting account for the absence of the bound-activity of 'protecting-the-client' as resulting from the obligations that the category 'Support-Worker' has to the device 'They-Whoever/Worker' rather than to the device 'Worker/Client'.

Discussion

The temptation with this extract is to tie the use of the pronoun 'it' to 'Jane' as an example of the 'animalisation' of people with intellectual impairments. Linda's account of Jane 'shovelling her food in' and 'swallowing everything whole' gives a vivid description of 'Jane' having all the attributes of a 'dog' eating. However, this account of 'Jane', this bracketing, side steps the main thrust of the interactional work, that deals not with typification of 'Jane', but the typification of 'the-support-Jane-receives'. The practical reasoning in use typifies 'Jane' as a product of 'care', by tying the 'actions-of-Jane' (i.e. what Jane does and how she does it) as resulting from the 'care-given-to-Jane'. The 'care-given-to-Jane' is not tied to 'Jane' but to the categories that have been attributed with the rights and obligations to support 'Jane'. It is the incongruence of 'Jane's-doing' (i.e. 'eating-like-a-dog') and the tying of these bound-activities to the category 'Support-Worker' that sees the explication of the practical reasoning in use. That reasoning sees 'Jane's-doing' being tied to category 'They-Whoever'. 'Jane' is typified as a 'product-of-care' - a bound-activity.

Discussion and Implications

The practical problem for the seven people who attended the challenging behaviour meeting was how they formulated their descriptions. Each account tendered during the meeting could have been produced from infinite lists of possibilities. As Wooffitt (1992) has stressed, descriptions will '...“bracket in” or index certain particulars of the referent of the description, and at the same time, “bracket out” other aspects of the referent' (p. 15). The analysis of the practical reasoning used during the session was explicated by examining the composition of the accounts tendered during the session and how these accounts were formulated. As Garfinkel and Sacks (1970) suggests, talk found in a given situation:

...becomes a part of the self-same occasion of interaction, becomes another contingency of the interaction. It extends and elaborates indefinitely the circumstances it glosses and in this way it contributes to its own accountably sensible character. (p. 344-5)

'Jane' as a member of the category 'Client' is a part of the 'circumstances' tied to the *doing* of 'supported-care'. In the same way, the categories 'Support-Worker' and 'Allied-Health-Professional' are a part of the same 'circumstance'. The contextual framework tied to the 'doing-of-Jane's-support' determines what circumstances are ruled in and which are ruled out. The order tied to Jane's care is found within its completion. In the case of this thesis, it is the order formulated by the interactional work of those engaged in Jane's behavioural review meeting. The upshot of this interactional work is that categorises used during the meeting are bracketed one way rather than another.

In closing this investigation, I will review how these categories were bracketed in each of the three analytical chapters, describing the way that the categories 'Support-Worker' and 'Client' were paired together into the single device of 'Worker/Client'. I will suggest that this pairing underlines the procedural knowledge found in the data and the bound-activities tied to the members of that pairing, is an expression of the situational practices found in the meeting. The pairing 'Worker/Client' will be examined against other

pairings that have been explicated by ethnomethodological investigations from various settings. The theoretical implication of the pairing 'Worker/Client' are examined in the light of the Social Model of Disability (Oliver, 1996) and what it can reveal as a reflection of the terms 'impairment' and 'disability'.

Before concluding the thesis, I will examine the implications of the investigations for methodology and practice, the limitations of the study, and suggest possible directions for future research. The concluding remarks of this thesis place the session used as the data for this investigation in the context of *doing* supported care rather simply allowing it to be read as a tragic tale of Jane; a woman who was not allowed to eat in peace.

Review of Findings

It is to the initial aim of the investigation that I now turn to in reviewing the investigation's findings. This investigation has explored the practical reasoning in use between six support workers and an allied-health professional as they went about their business of developing a behavioural management plan for 'Jane', a woman with severe communication and intellectual impairment, living in a four-bedroom group-home. The analysis identified what categories were used in the session and how these categories were employed. It is important to remember that the analysis was not concerned with, nor was it attempted to expose, the values and attitudes of those who took part in the session. Equally, I was not concerned with whether or not the behavioural management session was a 'success' or 'failure'. Rather, this thesis is properly concerned with the interactional work carried out between the seven people attending the session, in order to explicate the moral ordering of that interactional work.

Chapter Five presents a single case analysis. This analysis examined a four and a half minute extract from the 79 minute-session. The extract was focussed on 'choice'. The analysis identified the device 'Worker/Client'. This device was expressed as a series of rights and obligations tied to the respective categories as bound-activities. The bound-activities of 'knowing-the-client', 'listening-to-the-client' and 'providing-choice-to-the-client' were tied to the 'support-worker', whereas the activities of 'choice-maker' and 'speaker' were tied to the 'Client'. In this pairing the actions of the 'Support-Worker' are made accountable by the actions of the 'Client'. A potential breach in the knowledge tied to the device 'Worker/Client' was heard with the introduction of an alternative pairing of

'Worker/Jane' by the allied health professional attending the session. In this pairing, the 'Support-Worker' was typified as initiating the action whereas 'Jane' was heard to respond. The potential replacement of 'Worker/Client' with 'Worker/Jane' was prevented by attributing 'Jane' with the same bound-activities as the category 'Client'; thereby ensuring that the bound-activities tied to the pairing 'Worker/Jane' matched those of the pairing 'Worker/Client'.

In Chapter Six I examined the reported speech of Jane as reported by the support workers; however, these accounts could not have happened, as Jane cannot talk. The voice given to Jane used pronouns, spatial and temporal references, and verb tenses that were appropriate to Jane as the reported speaker, and relating to the context within which the speech was reportedly heard. The reported speech attributed was in close proximity to a description of an action by Jane. For example:

(2) [DW:2/1: p. 8: ln. 345]

- 16 *Linda:*
 And she'll tell you off too.
17 *Gail:* She'll-will (0.7) more or less says 'get out of my your face', well (1.6)
18 just by her em: (0.5) [hand action.]

Jane's given-voice was heard in reference to that action, in the case above, it is heard linked to Jane's hand action.

Contextually, Jane's given-voice was heard to account for the type of care Jane was receiving. It accounted for that care one way rather than another way. Typically, the 'Jane-of-the-there-and-then' was compared to the 'Jane-of-the-here-and-now'; that is, 'Type A Care' was compared to 'Type B Care'. Jane's given-voice supported the account tendered by the support workers. The upshot of this interactional work was that 'Jane' was typified as a product of care.

Finally, Chapter Seven examined the use of the pronoun 'it' in reference to Jane. The pronoun 'it' is tied to Jane during a description of Jane's eating habits. Nowhere else during the session is pronoun 'it' attributed to Jane. The practical reasoning used in this extract typifies 'Jane' as a product of 'care', by attributing 'Jane's-doing' as a bound-activity tied to the device 'Support-Worker/They-Whoever'. In this device the category 'They-Whoever' is heard to initiate action, whereas the bounded-activities tied to the category 'Support-Worker' are heard as being subservant to those of the category 'They-

Whoever'. Using this device, the support workers at the meeting account for the absence of the bound-activity of 'protecting-the-client' as resulting from the obligations that the category 'Support-Worker' has to the device 'They-Whoever/Worker' rather than to the device 'Worker/Client'.

The typification of the practical reasoning found in this investigation is defined by the device 'Worker/Client', where the rights and responsibilities that exist between these two categories are made accountable to the respective partners' *doing* as bound-activities. The attribution of bound-activities to the categories of the device 'Worker/Client' appears to be dependent on the context in which this device is used.

This study has not been the first ethnomethodological investigation to describe the pairing of categories. In order to reflect on the findings of this investigation attention will be paid to Sacks (1972) and Wowk (1984) as means to place the present investigation into context of similar investigations.

Sacks (1972) in his investigation into conversations between suicidal people and staff members of an emergency psychiatric clinic found the pairing of 'Suicidal-Person/No-One-To-Turn-To' (p. 41). That is, when the question or inference was asked of the suicidal caller, to whom they could turn for help, the reply was given 'I have no one to turn to' (p. 52). The transcript below is an example of Sacks' work (in the transcript [C] refers to caller and [S] refers to staff):

- S1. How long have you been feeling the way you're feeling now? Since Christmas?
[that was when her husband left her for another woman].
C1. Yes.
S2. Before?
C2. No. I had hope before Christmas, I had hope. I thought a love such as mine
could overcome anything, I felt that I had everything there was in my love. And now it's
turned against me, I don't feel like I have anything anymore.
S3. Nobody what?
C3. Gives a damn. What's the use?
S4. How about friends? Have you friends?
C4. I have friends, so-called friends. I had friends, let me put it that way.
S5. But you feel that since he left, everything-
C5. It's just like rats deserting a sinking ship. Nobody wants to talk to anybody
that's in the condition I'm in. They all have their own family, their own problems, they all
have their own husbands. (Sacks, 1972, pp. 52-53)

In Sacks' seminal work, the category 'Suicidal-person' was paired with category 'No-One-To-Turn-To', even though the person ringing the emergency psychiatric clinic had

friends. Yet, as Sacks goes on to show, although callers are often members of other membership devices such as 'Husband/Wife' or 'Daughter/Mother', the bound-activities typically tied to the members of these devices, such as 'a-shoulder-to-cry-on', are not heard; thereby leading to the conclusion: 'I've got no one to turn to' (p. 52). In the pairing 'Suicidal-Person/No-One-To-Turn-To' the obligations to assist a request of help from the category 'Suicidal-person' does not exist. Since the inference is that there is no assistance, the 'burden' tied to the category 'Suicidal-person' is firmly attached with no one to assist in its removal. Sacks (1972) demonstrates that it is not just the pairing of 'Suicidal-Person/No-One-To-Turn-To' that makes visible the social order tied to the person making the call, it is also found in the bounded-activities attributed between the members of a device, or in the case of the device 'Suicidal-Person/No-One-To-Turn-To' the lack of rights and obligations between its members.

The importance that bound-activities play in defining the moral order between two paired partners cannot be underestimated, as the attribution of the tied activities can distort the inference the paired partners bring to a given situation. To demonstrate this point, I turn to Wowk (1984) and her exploration of the blame allocation in a murder interrogation. Wowk's investigation examined a transcript of a video taped murder confession to police in the U.S.A. (p. 75). As a means of demonstrating Wowk's finding and to make it clear, I turn to Potter and Wetherall's (1987) truncation of the original transcription.

Suspect. I got to the intersection (.2) of Brookland and Slade (1.0) when this girl walked up to me (.6) and propositioned me.
 (1.0)
Policemen. what did she exactly say to you Lewis?
Suspect. you look like a tough guy (1.2) y'look like the member of a gang
 (1.2) I told her[e] I'm not a member of a gang (.) I'm an independent (.7) and she propositioned me again
 []
Policeman. what did she ask actually say to you
 []
Suspect. she asked me if I would like to get laid
 [later in confession]
Suspect. urh (1.4) the girl got (.8) might say kind of (.2) prickly (1.0) and er::
 []
 she propositioned me again (.6) and then she called ma a prick hh(.) a no good sonofabitch (.) hhh and she threw what was left at (.2) the remainder (.) of the bottle of beer at me
 []
 at that (1.2) I threw al (.) a right handed punch (.2) from the waist towards her shoulder...[goes on to describe killing]. (Potter & Wetherall, 1987, p. 131)

The context of this transcription is that the suspect has confessed to the murder of a woman. As the suspect sits in the interview room the categories of 'victim/murderer' are heard. The suspect calls the victim a 'girl'. Yet the 'girl' is attributed with the bound-activities of having propositioned the suspect, thrown beer into his face and called him a 'sonofabitch'. As Wowk (1984) suggests, the portrayal of the victim by the suspect is not as a 'passive' woman who 'waits until asked' but the 'kind of girl' who provokes and invites the suspect and, accordingly, shares 'to some degree at least' in the responsibility for the murder (p. 78). For Wowk, the work done by the suspect is an 'elaborate presentation' of his actions as a reaction to the provocation of that 'kind of girl'. The bound-activities tied to 'victim/murder' allowed Wowk to examine sexual politics of the everyday, but more importantly for this investigation, is that the attribution of bound-activities between the pairing 'victim/offender' told of a moral order that existed between 'police/offender'. The social order found between suspect and the police investigators is audible and visible in the work that the police and the suspect were *doing* together.

Sacks (1972) and Wowk (1984) demonstrate it is not just the pairing of categories into a single device that is important, but also the attribution of the bound-activities between the members of a device. The findings of this investigation have identified the pairing 'Worker/Client' and have shown how the bound-activities tied to this pairing formulates the corresponding social order one way rather than another.

As seen in lines 85 to 90 of the extract used in Chapter Five, notion of choice is framed as being tied to the 'Client', whereas the 'choice-provider' is bound to the 'Support-Worker'. The attribution of the tied activities determines the order of the device 'Worker/Client'. As Gail says:

[DW:2/1: pp. 12: ln. 533]

85 Gail:	= Well that, exactly right, exactly right, and
86	em (2.0) you just need Jane you're going to eat Jane and you can::, she	
87	can let you know very, very easily and I don't mean by challenging	
88	behaviours, by face expressions, (*) hand expressions you get the	
89	message very quickly (*) very subtle way but Jane wants and doesn't	
90	want, (3.0) and by gosh:: she-you get a beautiful smile ((laughs)).	

This scenario is contrasted with Chapter Seven where 'Jane's-doing' is tied to the device 'They-Whoever/Worker' as found in line 41 of the extract below.

-
- 41 *Linda:* Now, they have-re, they (*) who (*) ever, have re-instated them (0.5) and
42 that's really sad that she has gone downhill.
43 *Gail:* We have gone backwards.
44 *Linda:* Yep.
45 (*)
46 *Linda:* ^{oo}because of someone's else ((incompetence.)) ^{oo}
47 *Gail:* Which is really sad.
48 *Linda:* ^oAll those years of hard work. ^o

The pairing of 'Worker/Jane' is not heard in lines 41 to 48. In using the device 'They-Whoever/Worker' allows the absence of the 'Support-Worker's' bound-activity of 'protecting-the-client' to be heard as a result of the pairing 'They-Whoever/Worker'. The inference being, it is the 'Support-Worker' obligations to 'They-Whoever' that prevents the fulfilling of the responsibility of the 'Support-Worker' to 'protect-the-client'. The attribution of bound-activities to the pairing 'Worker/Client' typifies the care one way rather than another. In the same way, the lack of these bound-activities between the members of the pairing 'Worker/Client' is 'hearable' and 'seeable' and requires work to account for its absence; that is, that account is framed to blame 'They-Whoever' for its absence and not the 'Support-Worker'.

The moral order tied to the *doing* of Jane's support is heard in the presence of the pairing 'Worker/Client'; that is, within the context of the meeting taken as the data for this investigation, 'Jane' as a member of the category 'Client-that-lives-in-four-bedroom-group-home' is heard to be paired with the category 'Support-Worker'. That pairing is made accountable in the assignment and the distribution of bound-activities between its members.

Implications for Theory

The implications of this finding on theory, methodology and practice will now be reflected on.

As ethnomethodology is a methodology of empirical enquiry, I am going to explore the implications of the findings of this investigation for the Social Model of Disability; as stated in Chapter One.

The premise of the social model, as articulated by Oliver (1996) is:

It does not deny the problem of disability but locates it squarely within society. It is not individual limitations, of whatever kind, which are the cause of the problem but society's failure to provide appropriate services and adequately ensure the needs of disabled people are fully taken into account in its social organization. (p. 32)

Tying the findings of this investigation onto the social model has a fundamental problem. That problem being, as Oliver (1996, p. 42) asserts, the Social Model of Disability is 'not a social theory', rather it is about personal experience and professional practice. As Oliver (1996) writes:

Firstly, we must not assume that...the social model...can do everything; that it can explain disability in totality. It is not a social theory of disability and it cannot do the work of social theory. Secondly, because it cannot explain everything, we should neither seek to expose inadequacies, which are more a product of the way we use it, nor abandon it before its usefulness has been fully exploited. (p. 41)

Whether Oliver (1996) is right or wrong about the characteristics of the social model, in places his work does seem to suggest that the social model is beyond critique. Further despite qualifications on his part and that of other social model theorists there are certainly suggestions, that social theories have the power to 'do' and 'explain everything'. There are several insights that this thesis offers with regards to social model that question its current formulation. However, rather than seeking to 'abandon' the model or 'expose its inadequacies', the work covered in this thesis shows how the social model can extend its influence into the field of supported care for people with intellectual impairments.

Within the social model, disability is taken as society's response to an individual's impairment, that is, people are disabled by society. It is not a person's impairment of having no legs and using a wheelchair that prevents them from getting on the bus; rather it is society's response in not providing a suitable service or a bus able to accommodate the needs of someone in a wheelchair. However, Goodley (2001, p. 211) argues, that the

disability theorists, including those advocating the Social Model of Disability, have 'thrown' people with intellectual impairment into the category of the 'naturalised other', where their personal tragedies of 'unchangeable organic impairment' leaves them confirmed. That is, people with an intellectual impairment are beyond the ability of society to respond. No matter how many ramps are installed, the sophistication of the communication aid or the number of personal attendants that are made available, the presence of an intellectual impairment sees the assignment of an inert disability that cannot be banished - a person with an intellectual impairment is disabled by their impairment.

Goodley's (p. 219) challenging is to 'reculturalise impairment' into the context of social and cultural collectives rather than taking it as a product of isolated individual pathologies. The findings of this investigation offer an insight into what the reculturalised intellectual impairment *might* be.

This investigation has offered a description of a moral order found in the supported care of a woman with an intellectual impairment living in a four-bedroom group home. The moral ordering tied to this context is defined as a single functioning unit of 'Worker/Client'. This pairing is made available in the tying of rights and obligations between its members.

This pairing is not something new and is audible, for example, in the work of Nirje (1993) and his descriptions of the normalization principle. As Nirje suggests:

The proper use of the normalization principle rests on the understanding of how the normal rhythms, routines and patterns of life in any culture relate to the development, maturity and life of persons with a disability, and on the understanding of how these patterns apply as indicators of proper human programs, services, and legislation. (p. 2)

In this extract, the pairing 'Worker/Client' the 'proper use of the normalization principle' is assigned to the category 'Support-Worker', whereas, the 'Client' is the recipient of the application of the principle. This implies that the 'Client' is not able to apply the principle, whereas the category 'Support-Worker' is. The unit of care, the paired relationship found in the normalization principle, is the device 'Worker/Client', the order

established by the pairing is accountable by the bound-activities of the 'Support-Worker' making available the normalization principle to the 'Client'. The 'Client' has the reciprocal obligations to the bound-activities of the 'Support-Worker'; that is, the 'Client' is the recipient of the principle of normalization.

The suggestion being, that the device 'Worker/Client' and the bound-activities tied to it define the social order of supported care. For example, in Chapter Five, the support worker utterances typify the order as being guided by the 'Client' and maintained by the 'Support-Worker'. This ordering can be heard in the extract below from Chapter Five.

[DW:2/1: pp. 12: ln. 533]

- 5 ...Em: (1.5) Greg Miller would em (2.4) be taken to
6 the table first off if he showed signs that he was: uncomfortable there
7 he would be offered the veranda or anywhere, anywhere he likes (1.8)
8 actually.
9 Em: (0.9) Nicola would always sit at the table unless there was a (*)
10 meal outside (0.3) she would go outside, well of course outside parks
11 and the other houses I must admit
12 Em:: (2.0) Isabelle would be (1.0) at the main table most meals
13 except for (*) as I said outside activities or parks or other houses

Whereas the interactional work done in Chapter Six, reinforces the 'right-care' for 'Jane' as a member of the category 'Client' is *this* way rather than *that* way, yet the 'right-care' is accounted for in terms of the device 'Worker/Client', where the 'Support-Worker' is provider of the 'right-care' and the 'Client' is the recipient. The following extract from Chapter Six, the 'right care' is typified in Jane's-given voice. A voice that the support workers can hear even though Jane cannot speak.

(1) [DW:2/1: p. 7: ln. 292]

- 16 Gail: And she wants that food so much.
17 Linda: Yep (0.7) And she wants us to help her so:: much. That is what that is
18 all about, that-that on the particular the whole thing leading up was (1.0)
19 em.
20 (0.5)
21 Gail: 'Just help me.'
22 Linda: Yeah just, yeah I 'know I trust you.'
23 Gail: 'Let me have my [meal please.]'
24 Linda: [I know she trusts:] me to.
25 ? Yep.

In the context of this proposal, the reculturalisation of impairment is formulated as an interaction, as revealed by the device 'Worker/Client' rather than by an individual's ability to adapt to an environment. Accordingly, Jane's impairment is audible in the context of the behavioural assessment not as a functional limitation assigned to her but as a pairing; that is, 'Jane' as a member of the category 'Client' is paired to the 'Support-Worker'. In context of the meeting Jane's impairment is the pairing 'Worker/Client'.

The moral ordering tied to this 'impairment pairing' is dependent on the bound-activities attributed as situational practice between its members. Disability is 'audible' and 'visible' in the attributed activities tied to that device. In the same way, the enabling practices of the device 'Worker/Client' would be 'hearable' and 'seeable' as an alternative set of bound-activities attributed to the 'Impairment-Pairing'. As Sacks (1979) suggests:

The important problems of social change, [as] I would take it anyway, would involve laying out such things as the sets of categories, how they're used, what's known about any member, and beginning to play with shifts in the rules of application of a category and with shifts in the properties of any category. (Sacks, 1979, p. 14)

Further work is required to explore this proposal that intellectual impairment in supported care is typified as pairing between the people using the supported care and those who offer that care. This *impairment-pairing*, as categorised by the device 'Worker/Client', is ordered according to the situational practices of that device. These practices, commonly expressed as a set of rights and obligations found between the members of the pairing, define the moral order of supported care and not of the pairing itself.

Reflecting the findings of this investigation onto the notion of institutional practices and place, as discussed in Chapter Three, it is Smith, Felce, Jones and Lowe's (2002) investigation into the implementation of 'active support' training that serves as a point of discussion. As Smith et al. Notes, active support is designed to 'change how staff provide opportunities and support for resident activities' (p. 595). Smith et al.'s assertion is that active support has been shown to increase the participation of people with severe intellectual impairment in social, personal, leisure and other household activities. Smith et al., citing Hatton et al. (1996), Thompson et al. (1996), Felce et al. (1998, 1999, 2000, in press) and Perry et al. (2000), note that:

People with more severe deficits in adaptive behaviours use less varied community settings, participate in community activities less frequently, engage in fewer social activities, have fewer personal social relationships, exercise less choice, have a less-active lifestyles, engage less in the typical activities of daily living, and spend more time with no constructive occupation. (Smith, et al., p. 603)

What Smith, et al. (2002) forgets to mention, but accept as an inference, is that supported care for people with an intellectual impairment is carried out by people. People with severe intellectual impairments have fewer opportunities to engage and participate in their lives not in the absence of supported care but in its presence.

The findings of this investigation speculate that the impact of active support is not on an individual's cognitive or physical ability, but on the 're-ordering' of the social order tied to the *doing* of supported care. Impairment, within the context of supported care, is 'hearable' and 'seeable' in the pairing of 'Worker/Client'. Changing how staff provide opportunities and support for resident activities changes the interaction that exists between the members of that impairment pairing.

Implications for Methodology and Practice

This investigation has demonstrated the way in which membership category analysis can be used to reveal the underlying social order, through identifying the categories in use and showing how these categories are used in naturally occurring talk. The methodology has tackled this as a practical rather than a philosophical problem.

The study shows that an investigation can be designed to incorporate a data collection method that uses naturally occurring 'situations', such as talk, as the source of its data. In the same way, the investigation has demonstrated that practical reasoning can be explicated from this data and a description of its usage offered. The methodology used during the investigation suggests a number of practical implications. At a service level the use of membership categorisation analysis has the potential to examine the practical reasoning of a support services'. This would be valuable in determining how the users of that service are 'seen' and 'heard', and, in conjunction with other methods of assessment,

such as direct observations and structured interviews, to determine whether a service has characteristics that are enabling or disabling.

At a clinical level, the use of this method of analysis to examine client records, such as behavioural incident forms and communications books, may allow for understanding of practical reasoning in use. This would be useful in giving insight to the culture of support in specific services and to help direct the formulation of intervention plans to meet the needs of that service and the clients that it supports. At the very least, the methodology employed in this investigation would provide a means to prompt self-awareness within a service to the type of practical reasoning it employs.

Limitations of this Study

Although the research methodology allowed for the explication of the practical reasoning used in the collected data, the implications and application of the findings to wider contexts is only speculative.

The investigation's data gathering procedure itself imposed limits. The use of recording equipment during the meeting of the support workers and allied-health professional determined the data was not 'routine or mundane'. It is not possible to determine the extent to which this was the case. The ability to use data that is untouched by the effects of reflectivity and remains ethically sound is questionable.

The use of multipoint video recording would have allowed access to the non-verbal actions of the participants, such as hand actions, face expressions, body movements. This data is likely to have provided additional reflections of the interactional work carried out during the meeting. Finally, as mentioned at the end of Chapter Four, the transcript of the data is a written representation of the data collected. It is an 'ironic' representation of the data to the reader. The presentation of the data as an audio document within a written text has potential to overcome this barrier.

Directions for further Research

This investigation can be considered as the first step towards an examination of the practical reasoning in use in supported care. Although the investigation has identified the pairing of 'Client/Worker', it has only touched on the bound-activities tied to this device and how these activities and the device are used. Subsequent investigations are now required to explore how this device is used and whether the examination of the device has practical implications in the support of people with an intellectual impairment. For instance, could supported care exist without the pairing 'Worker/Client'? This investigation has not attempted to ask this question and is unable to seek an answer for it. Nevertheless such a question is raised by this thesis, and highlights an important area of further research.

Conclusion

The practical reasoning made evident from the investigation's data was the melding of the categories 'Support-Worker' and 'Client' in to a single device. In reflecting the findings of the investigation onto the Social Model of Disability, I have made the suggestion that, Jane's impairment, in the context of the data, is 'visible' and 'audible' in the device 'Worker/Client' and the way bound-activities are attributed between its members.

Of course I would be doing Jane and the seven 'people' who took part in the data session a disservice if I did not emphasise that this investigation has been about the *doing* of supported care and not casting judgements about the practitioners of that care. Identifying those practitioners as good or bad is not only judgemental but inappropriate for the methodology and purpose of this thesis. This study has not been about the seven people who have taken part in the data. This thesis has not been about their values or attitudes or whether they are the appropriate people for the job. In the same way, the investigation has not been about the narrative found in the data; that is, it has not been about Jane and her struggle to get space to eat in peace. This thesis, the theoretical and methodological framing I have used, has had the sole intention of examining how the seven people found in the data went about their business of *doing* supported care.

Perhaps the most outstanding finding of this thesis is that clients do not exist by themselves, but are constituted in relationship with workers. Such an understanding has great implications for understanding how we create disability as a society and as professionals. In this way we put flesh on the bones of the Social Model of Disability as we understand everyday ways in which disability is constituted, and how disability is presented in terms of relationships which permeate our notions of nice, normal and natural.

References

- Allen, D. (1989). The effects of deinstitutionalization on people with mental handicaps: A review. Mental Handicap Research, 2(1), 18-37.
- Austin, H. (1996). Assembling and Assessing the Student: The 'Child' as Enacted in a Primary School Literature Classroom. Unpublished doctoral dissertation, Griffith University, Queensland.
- Austin, J. L. (1973). Lecture VIII. In J. O. Urmson (Ed.), How to do things with words: The William James Lectures Delivered at Harvard University in 1955 (pp. 94-108). New York: University Press.
- Baker, C. (1982). Adolescent-Adult talk as a practical interpretive problem. In G. C. F. Paynes and E. C. Cuffs (Eds.), Doing teaching: The practical management of classrooms (pp. 104-125). London: Basford.
- Baker, C. (1997). Membership categorization and interview accounts. In: D. Silverman (Ed.), Qualitative research: Theory, method and practice (pp. 130-143). London: Sage.
- Billing, M. (2001). Humour and hatred: the racist jokes of the Ku Klux Klan. Discourse & Society, 12(3), 267-289.
- Blatt, B. (1970). Exodus from pandemonium. Boston: Allyn-Bacon.
- Blatt, B. and Kaplan (1966). Christmas in purgatory: A photographic essay on mental retardation. Boston: Allyn and Bacon.
- Braddock, D. L., & Parish, S. L. (2001). An institutional history of disability. In G. L. Albrecht, K. D. Seelman & M. Bury (Eds.), Handbook of disability studies (pp. 11-68). Thousand Oaks: Sage.
- Brandt, D. (1992). The cognitive as the social. Written Communications, 9, 315-355.
- Brohm, J.-M. (1986). L'ethnométhodologie en débat [The ethnomethodological debate]. Quel corps?, 32-33, 2-9.
- Buttny, R. (1998). Putting prior talk into context: Reported speech and the reporting context. Research on Language and Social Interaction, 31(1), 45-58.

- Coser, L. A. (1975). ASA Presidential Address: Two methods in search of a substance. American Sociological Review, 40(6), 691-700.
- Coulon, A. (1995). Ethnomethodology. London: Sage.
- Cuff, E. C., Sharrock, W.W., & Francis, D. W. (1990). Perspectives in sociology (3rd ed.). London: Unwin Hyman.
- Durand, V. M. (1990). Severe behavioural: A functional communication training approach. New York: Guilford Press.
- Edwards, D. (1995). Sacks and Psychology. Theory & Psychology, 5(4), 579-596.
- Edwards, D. (1998). The relevant thing about her: Social identity categories in use. In C. Antaki and S. Widdicomber, Identities in talk (pp. 15-33). London: Sage.
- Edwards, D., & Potter, J. (1992). Discursive psychology. London: Sage.
- Emerson, E., B. (1985). Evaluating the impact of deinstitutionalization of the lives of mentally retarded people. American Journal of Mental Deficiency, 90(3), 277-288.
- Emerson, E. (1999). Residential support for people with intellectual disabilities: Questions and challenges from the UK. Journal of Intellectual & Developmental Disability, 24(4), 309-319.
- Emerson, E., & Hatton, C. (1996a) Deinstitutionalization in the UK and Ireland: Outcomes for service user. Journal of Intellectual and Developmental Disability, 21(1), 17-37.
- Emerson, E., & Hatton, C. (1996b). Impact of deinstitutionalization on services users in Britain. In J. Mansell & K. Ericsson (Eds.), Deinstitutionalization and community living: Intellectual disability services in Britain, Scandinavia and the USA (pp. 169-184). London: Chapman & Hall.
- Emerson, E., Robertson, J., Gregory, N., Kessissoglou, S., Hatton, C., Hallam, A., Knapp, M., Jarbrink, K., Netten, A., & Linehan, C. (2000). The quality and costs of community-based residential supports and residential campuses for people with severe and complex disabilities. Journal of Intellectual & Developmental Disability, 25(4), 263-279.
- Ericsson, K., & Mansell, K. (1996). Introduction: Towards deinstitutionalization. In J. Mansell & K. Ericsson (Eds.), Deinstitutionalization and community living:

Intellectual disability services in Britain, Scandinavia and the USA (pp. 1-16). London: Chapman & Hall.

- Felce, D. (1988). Behaviour and Social climate in community group residences. In M. P. Janicki, M. W. Krauss & M. M. Seltzer, Community residences for persons with developmental disabilities (pp. 133-148). Baltimore: Paul H. Brookes.
- Felce, D. (1996). Quality of support for ordinary living. In J. Mansell & K. Ericsson (Eds.), Deinstitutionalization and community living: Intellectual disability services in Britain, Scandinavia and the USA (pp. 117-133). London: Chapman & Hall.
- Felce, D. (1998). The determinates of staff and resident activity in residential services for people with severe intellectual disability: Moving beyond size, building design, location and number of staff. Journal of Intellectual & Developmental Disability, 23(2), 103-199.
- Felce, D., de Kock, U., & Repp, A. C. (1986). An eco-behavioral analysis of small community-based houses and traditional large hospitals for severely and profoundly mental handicapped adults. Allied Research in Mental Retardation, 7, 393-408.
- Felce, D., de Kock, U., Thomas, M., & Saxby, H. (1986). Change in adaptive behaviour of severely and profoundly mentally handicapped adults in different residential settings. British Journal of Psychology 77(4), 489-501.
- Felce, D., Lowe, K., & Jones, E. (in press). Association between the provision characteristics and operation of supported housing services and resident outcomes. Journal of Applied Research in Intellectual Disability.
- Felce, D., Lowe, K., Perry, J., Baxter, H., Jones, E., Hallam, A., & Beecham, J. (1998). Services support to people with severe intellectual disability and the most severe challenging behaviours in Wales: Processes, outcomes and costs. Journal of Intellectual Disability Research, 42, 390-408.
- Felce, D., Lowe, K., Perry, J. Jones, E., Baxter, H., Jones, E., Hallam, A., & Beecham, J. (1999). The quality of residential and day services for adults with learning disabilities in eight local authorities in England: Objective data gained in support of a Social Services Inspectorate inspection, Journal of Applied Research in Intellectual Disability, 12, 273-293.

- Felce, D., & Perry J. (1995). The extent of support for ordinary living provided in staffed housing: The relationship between staffing levels, resident dependency, staff:resident interactions and resident activity patterns. Social Science and Medicine 40(6), 799-810.
- Felce, D., Repp, A. C., Thomas, M., Ager, A., & Blumden, R. (1991). The relationship of staff:client ratios, interactions and residential placement. Research in Developmental Disabilities, 12(3), 315-331.
- Felce, D., Saxby, H., & de Kock, U. (1987). To what behaviours do attending adults respond? A replication. American Journal of Mental Deficiency, 91(5), 496-504.
- Garfinkel, H. (1967). Studies in ethnomethodology. Englewood Cliffs: Prentice-hall.
- Garfinkel, H. (1974). 'Good' organisational reasons for 'bad' clinic records. In R. Turner (Ed.), Ethnomethodology (pp. 109-127). Harmondsworth: Penguin
- Garfinkel, H., & Sacks, H., (1970). On formal structures of practical actions. In J. C. McKinney & E. A. Tiryakian (Eds.), Theoretical sociology: Perspectives and developments (pp. 337-366). New York: Appleton-Century-Crofts.
- Gleeson, B. (1999). Rethinking community care. Sydney: Urban Frontiers Program, University of Western Sydney.
- Goffman, E. (1961). Asylums. New York: Doubleday & Co.
- Goffman, E. (1963). Stigma: Notes on the Management of Spoiled Identity. Englewood Cliffs: Prentice-Hall.
- Goldthorpe, J. H. (1973). A revolution in sociology? A review article. Sociology, 7, 449-462.
- Goodley, D. (2001). 'Learning difficulties', the social model of disability and impairment: Challenging epistemologies. Disability & Society, 16(2), 207-231.
- Grant, G. W. B., & Moores, B. (1977). Resident characteristics and staff behaviour in two hospitals for mentally retarded adults. American Journal of Mental Deficiency, 82, 259-265.
- Handel, W. (1982). Ethnomethodology: How people make sense. Englewood Cliffs: Prentice-Hall.

- Hatton, C., Emerson, E., Robertson, J., Henderson, D., & Cooper, J. (1996). Factors associated with staff support and user lifestyle in services for people with multiple disabilities: A path analytic approach. Journal of Intellectual Disability Research 40, 466-477.
- Heritage, J. C. (1984). Garfinkel and ethnomethodology. Cambridge: Polity Press.
- Hester, S. (1992). Recognizing references to deviance in referral talk. In G. Watson & R. M. Seiler (Eds.), Text in Context: Contributions to Ethnomethodology (pp. 156-174). London: Sage.
- Hester, S., & Eglin, P. (1997). Membership categorization analysis: An introduction. In S. Hester & P. Eglin (Eds.), Culture In Action. Studies in Membership Categorization Analysis (pp. 1-23). Boston: University Press of America.
- Hester, S., & Francis, D. (2000). Ethnomethodology, conversation analysis and 'institutional talk', Text, 20, pp. 391-413.
- Hewson, S., & Walker, J. (1992). The use of evaluation in the development of a staffed residential service for adults with mental handicap. Mental Handicap Research, 5, 188-203.
- Holt, E. (1996). Reporting on talk: The use of direct reported speech in conversation. Research on Language and Social Interaction, 29(3), 219-245.
- Jayyusi L. (1984). Categorization and the moral order. Boston: Routledge and Kegan Paul.
- Jones, E., Felce, D., Lowe, K., Bowley, C., Pagler, J., Gallagher, B., & Roper, A. (2001). Evaluation of the dissemination of active support training in staffed community residences. American Journal of Mental Retardation 106(4), 344-358.
- Jones, E., Perry, J., Lowe, K., Felce, D., Toogood, S., Dunstan, F. Allen, A., & Pagler, J. (1999). Opportunity and the promotion of activity among adults with severe intellectual disability living in community residences: The impact of training staff in active support. Journal of Intellectual Disability 43(3), 164-178.
- Kebbon, L. (1997). Nordic contributions to disabilities policies. Journal of Intellectual Disabilities Policies, 41(2), 120-125.
- King Edward's Hospital Fund for London. (1955). Report of Mental Illness and Mental Deficiency Hospitals. London: Author.

- Kim, S., Larson, S. A., & Lakin, K. C. (2001). Behavioural outcomes of deinstitutionalization for people with intellectual disability: A review of US studies conducted between 1980 and 1999. Journal of Intellectual & Developmental Disability, 26(1), 35-50.
- King, R. D., & Raynes, N. V. (1968a). An operational measure of inmate management in residential institutions, Social Science and Medicine, 2(1), 41-53.
- King, R. D., & Raynes, N. V. (1968b). Patterns of institutional care for the severely subnormal, American Journal of Mental Deficiency, 72(2), 700-709.
- Knoll, A. K. (1990). Defining quality in residential services. In V. J. Bradley & H. A. Bersani, Quality assurance for individuals with developmental disabilities (pp. 235-261). Baltimore: Paul H. Brookes.
- Landesman, S. (1988). Preventing 'institutionalization' in the community. In M. P. Janicki, M. W. Krauss, M. M. Seltzer & E. K. Shriver (Eds.), Community residences for persons with developmental disabilities (pp. 105-116). Baltimore: Paul H. Brookes.
- Landesman-Dwyer, S., Sackett, G. P., & Kleinman, J. S. (1980). Relationship of size to resident and staff behavior in small community residences. American Journal of Mental Deficiency 85(1), 6-17.
- Larson, S. A., & Lakin, K. C. (1989). Deinstitutionalization of person with mental retardation: Behavioural outcomes. Journal of the Association for Persons with Severe Handicaps, 14(4), 324-332.
- Lee, J. R. E. (1984). Innocent victims and evil doers. Women's studies: International Forum, 7, 69-73.
- Lee, J. R. E. (1987). Prologue: Talking organizations. In G. Button & J. R. Lee (Eds.), Talk and social organization (pp. 19-53). Clevedon: Multilingual Matters.
- Lee, J. R. E. (1991). Language and culture: The linguistic analysis of culture. In G. AButton (Ed.), Ethnomethodology and the human sciences (pp. 196-226). Cambridge: Cambridge University Press.
- Lepper, G. (2000). Categories in text and talk: A practical introduction to categorization analysis. London: Sage.
- Livingston, E. (1986). The ethnomethodological foundations of mathematics. London: Routledge and Kegan Paul.

- Lynch, M., & Peyrot, M. (1992). Introduction: A reader's guide to ethnomethodology. Qualitative Sociology 15(2), 113-122.
- Lynch, P. S., Kellow, J. T., & Willson, V. L. (1997). The impact of deinstitutionalization on the adaptive behavior of adults with mental retardation: A research synthesis. Education and Training in Mental Retardation and Developmental Disabilities, 32, 255-261.
- Mansell, J. (1996). Issues in community services in Britain. In J. Mansell & K. Ericsson (Eds.), Deinstitutionalization and community living: Intellectual disability services in Britain, Scandinavia and the USA (pp. 49-64). London: Chapman & Hall.
- Mansell, J., & Ericson, K. (1996). Conclusion: Integrating diverse experience. In J. Mansell & K. Ericsson (Eds.), Deinstitutionalization and community living: Intellectual disability services in Britain, Scandinavia and the USA (pp. 241-253). London: Chapman & Hall.
- McBrien, J., & Felce D. (1992). Working with people who have severe learning difficulty and challenging behaviour: A practical handbook on the behavioural approach. Clevedon: BIMH Publications.
- McHoul, A. W., & Waston, D. R. (1984). Two axes for the analysis of 'commonsense' and 'formal' geographical knowledge in the classroom. British Journal of Sociology of Education, 5(3), 281-302.
- McNall, S., & Johnson, J. C. M. (1975). The conservatives: Ethnomethodologists, phenomenologists and symbolic interactionists, The Insurgent Sociologist, 4(5), 49-65.
- Moerman, M. (1974). Accomplishing ethnicity. In R. Turner (Ed.), Ethnomethodology (pp. 54-68). Harmondsworth: Penguin.
- Moerman, M. (1988). Talking Culture: Ethnography and conversation analysis. Philadelphia: University of Pennsylvania Press.
- Morris, P. (1969). Put Away: A sociological study of institutions for the mentally retarded. London: Routledge and Kegan Paul.
- Nirje, B. (1969). The principle of normalization and its human management implications. In R. Kugel & W. Wolfensberger (Eds.), Changing patterns in residential services for mentally retarded (pp. 179-195). Washington: The President's Committee on Mental Retardation.

- Nirje, B. (1993). The normalization principal - 25 years later. In U. Lehtinen & R. Pirttimaa, Arjessa tapahtuu! (pp. 1-22). Jyväskylä: University of Jyväskylä, Finland, The Institute for Educational Research.
- Oliver, M. (1996). Understanding disability: From theory to practice. Houndmills: MacMillan Press.
- Parmenter, T. R. (2001). Intellectual disabilities-Quo vadis? In G. L. Albrecht, K. D. Seelman & M. Bury (Eds.), Handbook of disability studies (pp. 267-296). Thousand Oaks: Sage.
- Perakyla, A. (1997). Reliability and validity in Research Based on tapes and transcripts. In D. Silverman (Ed.), Qualitative Research: Theory, Method and Practice (pp. 201- 220). London: Sage.
- Perrin, B., & Nirje, B. (1985). Setting the record straight: A critique of some frequent misconceptions of the normalization principle. Australian and New Zealand Journal of Developmental Disabilities 11(2), 69-74.
- Perry, J., Felce, D. & Lowe, K. (2000). Subjective and objective quality of life assessment: Their interrelationship and determinants. Cardiff: Welsh Centre for Learning Disabilities, University of Wales College of Medicine.
- Potter, J. (in press a). Discourse analysis. In M. Hardy & A. Bryman (Eds.), Handbook of data analysis. London: Sage.
- Potter, J. (in press b). Discourse analysis and discursive psychology. In P. M. Camic, J. E. Rhodes & L. Yardley (Eds.), Qualitative research in psychology: Expanding perspectives in methodology and design. Washington: American
- Potter, J., & Reicher, S. (1987). Discourse of community and conflict: The organization of social categories in accounts of 'riot'. British Journal of Social Psychology, 26, 25-40.
- Potter, J., & Wetherell, M. (1987). Discourse and social psychology: Beyond attitudes and behaviours. London: Sage.
- Race, D. (1995a). Classification of people with learning disabilities. In N. Malin (Ed.), Services for People with Learning Disabilities (pp. 13-29). London: Routledge.
- Race, D. (1995b). Historical development of service provision. In N. Malin (Ed.), Services for people with learning disabilities (pp. 46-78). London: Routledge.

- Rapley, M., & Ridgway, J (1998). 'Quality of life' talk and the corporatisation of intellectual disability. Disability & Society, 13(3), 451-471.
- Raynes, N. (1980). The less you've got the less you get: Functional grouping, a cause for concern. Mental Retardation, 18, 217-220.
- Sacks, H. (1963). Sociological description. Berkeley Journal of Sociology, 8, 1-16.
- Sacks, H. (1972). An initial investigation of the usability of conversational data for doing sociology. In D. N. (Ed.), Studies in social interaction (pp. 31-74). New York: Free Press.
- Sacks, H. (1974). On the analyzability of stories by children. In R. Turner (Ed.), Ethnomethodology (pp. 54-68). Harmondsworth: Penguin.
- Sacks, H. (1979). Hotrodder: A revolutionary category. In G. Psathas (Ed.), Everyday language: Studies in ethnomethodology (pp. 7-14). New York: Irvington Publishers.
- Sacks, H. (1984a). Notes on methodology. In J. M. Atkinson & J. C. Heritage (Eds.), Structures of social action: Studies in conversation analysis (pp. 21-27). Cambridge: Cambridge University Press.
- Sacks, H. (1984b). On doing 'being ordinary'. In J. M. Atkinson & J. C. Heritage (Eds.), Structure of social action: Studies in conversation analysis (pp. 413-429). Cambridge: Cambridge University Press.
- Sacks, H. (1989). Introduction. Human Studies, 12, 211-215.
- Sacks, H. (1992 a). Lectures on conversation, vol. I. Ed. G. Jefferson. Oxford: Basil Blackwell.
- Sacks, H. (1992 b). Lectures on conversation, vol. II. Ed. G. Jefferson. Oxford: Basil Blackwell.
- Schegloff, E. A. (1968). Sequencing in conversational openings. American Anthropologist 70, 1075-1095.
- Schegloff, E. A. (1989). Harvey Sacks – Lectures 1964-1965 an introduction/memoir. Human Studies, 12, 185-209.
- Schegloff, E. A. (1992a). Introduction. In H. Sacks, Lectures on Conversation, vol. I. Ed. G. Jefferson, pp. ix-lxii. Oxford: Basil.

- Schegloff, E. A. (1992b). Introduction. In H. Sacks, Lectures on Conversation, vol. II. Ed. G. Jefferson, pp. ix-iii. Oxford: Basil.
- Schegloff, E. A., & Sacks, H. (1974). Opening Up Closing. In R. Turner (Ed.), Ethnomethodology (pp. 233-264). Harmondsworth: Penguin.
- Silverman, D. (1993). Interpreting qualitative data: Strategies for analysing talk, text and interaction. London: Sage.
- Silverman, D. (1998). Harvey Sacks: Social science and conversation analysis. New York: Oxford University Press.
- Sinson, J. C. (1990). Micro-instruction? Environmental and managerial influences in ten living units for people with mental handicap. The British Journal of Mental Subnormality 36(2), 77-86.
- Smith, C., Felce, D., Jones, E., & Lowe, K. (2002). Responsiveness to staff support: Evaluating the impact of individual characteristics on the effectiveness of active support training using a conditional probability approach. Journal of Intellectual Disability Research, 46(8), 594-604.
- Sony Australia Limited. (2000, July). Pulse: Winter. (Issue 2). North Ryde: Author.
- Stancliffe, R. J., & Lakin, K. C. (1998). Analysis of expenditures and outcome of residential alternatives for persons with developmental disabilities. American Journal of Mental Retardation, 102(6), 552-568.
- Stancliffe, R. J., & Keane, S. (1999). Outcomes and costs of community living: Semi-independent living and group homes. Sydney: The University of Sydney, Centre for Development Disability Studies.
- Stancliffe, R. J., Emerson, E., & Lakin, K. L. (2001). Community living and people with intellectual disability: Introduction to Part I. Journal of Intellectual & Developmental Disability 25(4), i-iv.
- Talbot-Smith, M. (1997). Audio Explained. Oxford: Focal Press.
- Taylor, S. J. (2001). The continuum and current controversies in the USA. Journal of Intellectual & Developmental Disability, 26(1), 15-33.
- Thompson, T., & Carey, A. (1980). Structured normalization: Intellectual and adaptive behavior changes in a residential setting. Mental Retardation 18(4), 193-197.

- Thompson, T., Robinson, J., Dietrich, M., & Sinclair, V. (1996). Interdependence of architectural features and program variables in community residences for people with mental retardation. American Journal of Mental Retardation, 101, 315-327.
- Vail, D. J. (1966). Dehumanization and the institutional career. Springfield: Thomas.
- Wareing, D. & Newell, C. (in preparation) Attributing Behaviours: Talking Choice, Empowerment and Opportunity. In M. Rapley & A. McHoul (Eds.). Attributing behaviours: Talking choice, talking empowerment and talking opportunity.
- Wareing, D., & Newell, C. (2002). Responsible choice: The choice between no choice. Disability & Society, 17(4), 419-434.
- Watson, D. R. (1978). Categorization, authorization and blame – negotiation in conversation. Sociology, 12, 105-113.
- Watson, D. R. (1983). The presentation of victim and offender in discourse: The case of police interrogation and interviews. Victimology, 8 (1/2), 31-52.
- Watson, G. (1992). Introduction. In: G. Watson & R.M. Seiler (Eds.), Text in context: Contributions to ethnomethodology (pp. xiv-xxvi). Newbury Park: Sage.
- Watson, D. R. (1994). Harvey Sacks's sociology of mind in action. Theory, Culture & Society, 11, 169-186.
- Wieder, D. L. (1974). Telling the code. In R. Turner (Ed.), Ethnomethodology (pp. 144-172). Harmondsworth: Penguin.
- Wilson, T. P. (1970). Conceptions of interactions and forms of sociological explanation, American Sociological Review, 35, 697-710.
- Wilson, T.P., & Zimmerman, D. H. (1980). Ethnomethodology, sociology and theory. Humbolt Journal of Social Relations, 7 52-88.
- Wolfensberger, W. (1972). The principle of normalization in human services. Toronto: National Institute on Mental Retardation.
- Wolfensberger, W. (1980). Social role valorization: A proposed new term for the principle of normalization. Mental Retardation 21(6), 234-239.
- Wolfensberger, W. (2000). A brief overview of social role valorization. Mental Retardation 38(2), 105-123.

- Wolfensberger, W., & Thomas, S. (1983). PASSING: Programme Analysis of Service Systems' Implementation of Normalization Goals. Toronto: National Institute on Mental Retardation.
- Wooffitt, R. (1992). Telling Tales of the Unexpected: The organization of factual discourse. Hemel Hempstead: Harvester Wheatsheaf.
- Wowk, M. (1984). Blame allocation, sex and gender in a murder interrogation. Women's Studies, 7(1), 75-82.
- Young, L., Sigafoos, J., Suttie, J., Ashman, A., & Grevell, P. (1998). Deinstitutionalization of persons with intellectual disabilities: A review of Australian studies. Journal of Intellectual & Developmental Disability 23(2), 155-170.

Appendix I: Transcription Symbols

[[<i>Gail:</i> we we [have in past. <i>Linda:</i> [that's her <u>right</u> .	Left bracket indicates the point at which a current speaker's talk is overlapped by another's talk.
=	<i>Sue:</i> Ok= <i>Gail:</i> =And that's there...	Equals signs, one at the end of a line and one at the beginning, indicate no time interval between lines.
(0.9)	...know (0.9) if she...	Numbers in parentheses indicate elapsed time in silence in tenths of a second.
(*)	4 Em: (*) Nicola...	Star in parentheses indicates a gap less than one-tenth of a second.
<u>word</u>	...by <u>gosh</u> ...	Underscoring indicates some form of stress, via pitch/or amplitude.
° word °	<i>Gail:</i> That's true. <i>Linda:</i> ° There's no difference. °	Degree signs are used to indicate that the talk they encompass noticeable quieter than the surrounding talk. (Wooffitt, 1992, p. xii)
WORDS	<i>Gail:</i> 'Keep your food = <i>Linda:</i> = STICK IT'.	Capitals, except at the beginnings of lines, indicate especially loud sound relative to the surrounding talk.
word::	...that he was:: uncomfortable...	Colons indicate prolongation of the immediate prior sound. The length of the row of colons indicates the length of the prolongation.
(word)	<i>Sue:</i> Or (*) or if (set her cooked) a meal	Parentheses words are possible hearing.
(())	((laughs))	Double parentheses contain author's description rather than transcription.

Appendix II: Transcript (2nd Intervention: Session 1)

1 *Amanda:* Ok I might (*) start by introducing people and we can introduce the other
2 two as they come through the door.
3 Everybody this is Sue Crowther she's actual from Disability Services a::::t
4 ((inaudible)) Disability Services, what's your title?
5 *Sue:* Yes, I'm a ((states profession)).
6 *Amanda:* A ((states profession)), a part of the ((states name of professional team))
7 who will be doing the intervention ((P)) yep.
8 ((P))
9 So ((P)) this Barry Watson ((P)) from the City Beach Team.
10 *Sue:* Hi Barry we met this morning.
11 *Barry:* Yep.
12 *Amanda:* Gail Jones =
13 *Gail:* = Hello.
14 *Amanda:* And:: James Culler.
15 *James:* Hi.
16 ((P))
17 *Interrupter:* Hi.
18 ((P))
19 *Amanda:* And you know me.
20 *Sue:* Yeah ((Amanda and Sue both laugh)).
21 *Amanda:* And ((P)) sorry.
22 ((P))
23 *Interrupter:* Gary ((P)) Gary Smith.
24 *Sue:* Hi Gary we have met before too haven't we ((laughs)).
25 *Interrupter:* ((Inaudible)) we certainly have.
26 ((P))
27 *Amanda:* Ok ((P)) so. ((P)) Lets us start.
28 *Sue:* Right ((P)) em: I guess where I would like to start is to find out what the
29 issues are for you with Jane. ((P)) Em, what your concerns are ((P)) em:
30 ((P)) to get a really clear picture ((P)) form you about that ((P)) em:: ((P))
31 And then maybe ask some questions about ((P)) behaviours that's of
32 concern. ((P)) You know what, ((P)) what you see::, ((P)) em, why it
33 occurs:, when it doesn't occur:, that sort of stuff ((P)), all right. ((P)) So
34 would anybody like to start.
35 ((P))
36 *Gail:* We find the behaviours occur: ((P)) at most times at lunch hours ((P)) in
37 the house.
38 *Sue:* Ok.

39 *Gail:* Jane is quiet, willing and able to eat ((P)) and part take of her food in
40 parks other houses:: ((P)) in the backyard on the veranda. ((P)) The main
41 concern is:: ((P)) Jane ((P)) the strategy in place now coming into the
42 kitchen area. ((P)) Where she shows signs by her actions: of ((P)) not
43 wanting to part take of her meal in that area.
44 ((P))
45 *Sue:* Ok.
46 ((P))
47 *Amanda:* Em: also with that I suppose the things we are looking at ((P)) from our
48 point of view, what was a concern for the whole group was weight loss:
49 em: the moaning and groaning and being upset. ((P)) Behaviours that we
50 haven't kind of seen before during day support ((P)) hours, that are now
51 ((P)) occurring ((P)) em:: ((P)) yeah mainly that she had been really
52 (really) unhappy.
53 *Barry:* Seems to be affecting some of the other programmes that she is on too
54 ((P)) like.
55 *Amanda:* Yeah=
56 *Barry:* = Em music on a Tuesday she doesn't stay in there any longer =
57 *Gail:* = She has settle down ((P)) we had her in for about em: ((P)) three
58 quarters of an hour last week and she returned to the van. ((P)) We find in
59 parks em: ((P)) Jane ((P)) would exit the van ((P)) if a drink is given or a
60 meal is given straight away ((P)) Jane will require to return to the van ((P))
61 whereas if ((P)) there is a time span ((P)) before drink or meal she will
62 stay out of the van.
63 ((P))
64 *Sue:* Ok
65 *Gail:* Em so ((P)) yeah.
66 *Barry:* Prior to the intervention that probably wasn't happening=
67 *Gail:* =It wasn't [happening] and =
68 *Barry:* [Was it.] = She would probably be out of the van for
69 long =
70 *Gail:* =For the whol- ((P)) the whole period we were out. ((P)) So it is em:
71 ((inaudible)) food association if you like. ((P)) Well ((P)) assumption
72 made of course but.
73 *Amanda:* Yeah:: the other thing was em ((P)) again ((P)) she is starting to push:
74 ((P)) people away, not allowing them into her space. So now we have got
75 that problem again which: ((P)) was occurring when she was out on the
76 veranda, then (*) it stops for a while and now is reoccurring ((inaudible))
77 ((P)) yeah: =
78 *Sue:* = All righted, ((P)) so do you see the all the behaviours that
79 were occurring ((P)) around the veranda stuff ((P)) as reoccurring: (*) now
80 ((P)) but ((P)) the hall is the (*) focus point, is that what is happening.
81 *Amanda:* The hall seems to be the focus point, but she is easier to move out of the
82 hall isn't she =
83 *Gail:* =It's not yeah: ((P)) it's not the hall it's coming into the
84 [kitch:en area.]

85 *Amanda:* [Kitchen is the problem.]
86 *Gail:* She will sit in the hall area ((P)) quiet well.
87 *Amanda:* But that is what I mean, she is not allowing people
88 into [the area is she ((P)) again?
89 *Gail:* [No.
90 *Sue:* So what I'm, I'm getting at is as the hall ((P)) before we had problems
91 with the veranda, ((P)) in that em:: ((P)) basically everyone had to come
92 (*) to Jane ((P)) and:: she wouldn't: (*) sort of go out of that veranda area
93 ((P)) or was very reluctant to go out of that veranda area and is:: the hall
94 now becoming the what the veranda was?
95 ((P))
96 In that she is reluc((somebody moans))tant to come out of the hall she: em
97 she's wanting =
98 *Gail:* = She will go out[of the hall.
99 *Sue:* [She is wanting to control that space and
100 not let any one in it.
101 *Barry:* But she come out onto the veranda =
102 *Gail:* =She'll go out onto the veranda, she'll
103 go out onto backyard =
104 *Amanda:* = Van =
105 *Gail:* = She'll go to the van:: she'll go to her
106 room. ((P)) She will not ((P)) or she doesn't seem to want to come through
107 to the kitchen area.
108 ((P))
109 *Sue:* Ok.
110 ((P))
111 *Gail:* I guess this is the best way to put it.
112 *Sue:* Ok, ((P)) so if you set her meals up em: ((P)) outside as a barbeque that's
113 Ok.
114 *Gail:* Not a problem.
115 *Sue:* Or (*) or if (set her cooked) a meal in the kitchen and ((P)) set her:: (*) up
116 outside in the backyard that would be all right? Would she eat, eat the
117 meal then.
118 *Gail:* Yeah ((P)) and it would be not prompts under the arm:: One would only
119 have to stay at the door:: We're all sitting out having a meal out here,
120 would you like to come and join us?
121 ((P))
122 And that is from across a room area ((P)) and ((P)) she would just get up
123 out, out of her chair and come through the lounge =
124 *Sue:* = Hm =
125 *Gail:* = And out to the
126 back porch ((P)) from that area and you would not have to stand next to
127 her prompt her) up ((P)) to do that.
128 *Sue:* Ok ((P)) all right ((P)) So where are the, (where are if ((P)) if) we define
129 the behaviour then as not eating: ((P)) would that be right?

130 *Amanda:* She is definitely ((P)) not eating as much as she was, there is a lot of days
131 and I'll give you all the (you'll actually get them. Ok.)
132 *Gail:* Can I say on that Jane: ((P)) wants to eat ((P)) or there indicates that she
133 wishes to eat, (*) Jane is:: ((P)) capable of eating, assisting herself I say
134 that, em:: of ((P)) of swallowing:.
135 *Sue:* Hm.
136 *Gail:* And she will do that in any other area ((P)) other but the kitchen area
137 *Sue:* Ok =
138 *Gail:* = Is that =
139 *Sue:* = So ((P)) is the behaviour in question not ((P)) eating ((P))
140 or is: ((P)) [the behaviour.] in question not eating.
141 *Gail:* [The behaviour.]
142 ((P))
143 *Sue:* Or is the behaviour in question to do with ((P)) with hitting out at people::
144 or we grouping those behaviours together or what?
145 *Gail:* I think [it would be coming to the kitchen.
146 *Amanda:* [I suppose.
147 *Amanda:* It would be.
148 ((P))
149 *Gail:* Would I, [would I be wrong or ((P)) would I be right =
150 *Amanda:* [Because. = No, Jane is able to
151 eat when she is out, she eats quiet amount. Em:, she's able to eat at her
152 house able to eat outside and then she doesn't refuse her food. It is only
153 when she has to go from the hall ((P)) ((to the kitchen)) when she refuses.
154 ((P)) And this is only from a few days when she can see nil; nil; two
155 mouth fulls; ((P)) em: three squares of toast, which, I assume that she
156 actually had a bit there; refuse-refuse-refuse-nil-nil-nil =
157 *Sue:* = Mmhm=
158 *Amanda:* = Refuse. And these are usually an out or outside meal.
159 *Gail:* You know any other environment ((P)) Jane will eat of her own accord,
160 ((P)) with no prompting form staff. The plate's on table ((P)) she will sit
161 and ((P)) eat.
162 *Sue:* Mmhm ((P)) Ok ((P)) so then behaviour is not eating in the kitchen.
163 *Amanda:* Hm.
164 *Sue:* I'm just trying get it: (*) tighten it right up, yep, so we'll all know
165 exctually[# spelling] what we are talking about.
166 ((P))
167 *Gail:* Your opinion (*) yes, no.
168 *James:* ((The Voice of James.))
169 *Interrupter:* Something that happen in the kitchen, incidents happen in the kitchen, I
170 think, perhaps an accident with the cooking maybe that's em maybe that
171 the reason so doesn't what to be in the kitchen due to some experience (*)
172 she had there ((P)) previously perhaps, ((P)) one of them.
173 *Gail:* Yes ((that)) is right, something is happening (*) she doesn't want to come
174 through to the dining.
175 *Amanda:* [But she did use to.

176 *Interrupter:* [She is really strong willed about it. She certain does not want to come
177 into the room.
178 *Gail:* She used to, she used to ((P)) she use to] ((P)) she use to sit in the room
179 and come across ((P)) to that area. Her chair was in, in a different ((knock
180 at the door)) position ((inaudible)).
181 *Male voice:* Excuses me your furniture is here.
182 *Amanda:* Can I just.
183 *Male Voice:* How would you like it positioned?
184 *Amanda:* Can I just leave you for a second ((inaudible)). ((Linda and Carolyn enter
185 the room.)) This is Linda.
186 *Sue:* Hi Linda.
187 *Amanda:* And Carolyn.
188 *Amanda:* This is Sue=
189 *Linda:* = Hi Sue =
190 *Amanda:* =Who is doing the intervention with Jane =
191 *Gail:* =Hi Linda=
192 *Amanda:* = At the moment we are just having a look at em: (*) what the behaviour
193 is so pop in any input, I'll just leave you at that. Back in two secs.
194 ((Amanda leaves room. Door Closes.))
195 *Gail:* We trying to work out ((P)) which environments Jane will eat ((P)) in
196 other environments:: ((P)) would you like to give your thought on.
197 *Linda:* Yep ((P)) sorry environments.
198 *James:* Other environments rather than coming through into the kitchen.
199 *Linda:* Ahr yes environments.
200 *Gail:* Have you got any thoughts on ((P)). You'll, you'll see in points.
201 *Linda:* You probably already discussed and probably going to say the same thing
202 again.
203 *Sue:* But I've haven't heard it.
204 *Gail:* ((Inaudible)) Sue hasn't.
205 *Linda:* Em other environments, oh yes, she eats anywhere other than come
206 through the kitchen. ((P)) She, she doesn't like eating in the kitchen.
207 *Gail:* Oh at that's nicely put, very quick answer. ((Gail laughs.))
208 *Linda:* Oh good. I mean how obvious is it?
209 *Gail:* How obvious is it.
210 *Barry:* How obvious is it.
211 *Linda:* Sorry. ((P)) Do you want me to explain why I think she doesn't want to
212 eat in the kitchen. One because she'll em ((P)) will go anywhere invited,
213 ((P)) but she used to go anywhere but through the kitchen.
214 ((Laughter from outside the room.))
215 *Sue:* Ok ((P)), right so she'll actually come around through: (*) the lounge
216 room to get out side [she] will never go through the kitchen.
217 *Linda:* [Yep.]
218 *Linda:* She will go outside and around the house.
219 *Sue:* Yep.
220 *Linda:* And back again ((P)) but she won't come through the kitchen, em ((P))
221 that's been proven. I mean, she'll, she'll, will eat anywhere else invited to

222 eat ((P)) depending on what (*) the situational programme or the lunch
 223 times going ons (*) but not the kitchen.
 224 ?:
 225 Sue: Mmhm.
 226 Ok ((P)) now does the kitchen include the dining room.
 227 Linda: ((P))
 228 Gail: Pretty much, yeah =
 229 Linda: = The kitchen is that area.
 230 Sue: The same area.
 231 Linda: Mnhm.
 232 Gail: ((Inaudible.))
 233 But have not draw ((P)) or ask Jane to go to any other place (*) but that
 234 chair ((P)) up against the [((P)) kitchen bench.]
 235 Barry: [As the strategy dictates.]
 236 Gail: As the yeah ((P)) as the strategy dictates.
 237 Sue: Ok, so the Strategy at the moment dictates that she doesn't eat with
 238 everybody else?
 239 Barry: That's right.
 240 Linda: She can only eat in that one spot =
 241 Barry: = Yeah.
 242 Gail: She can only eat in that one spot.
 243 ((Door opens, Amanda re-entries the room.))
 244 Sue: Ok ((P)) which is right in the middle of: the walk through area.
 245 Barry: Yep.
 246 Carolyn: Yeah.
 247 Gail: At the end of the kitchen bench.
 248 Sue: Yep.
 249 ((Amanda takes her sit.))
 250 Linda: Looking at the walk =
 251 Sue: = I know I was down there today.
 252 Linda: Extremely attractive, extremely attractive. That much room. ((P)) There's
 253 the wall.
 254 Carolyn: Yep.
 255 Sue: Yep.
 256 Linda: Very scenic.
 257 Gail: Which is =
 258 Sue: = I-there is a whole heap of things that sort of came to mind =
 259 Linda: = Well it is. Sort of like =
 260 Barry: = Yeah=
 261 Linda: = You know it's 'the best place to be
 262 eating my lunch you know.' ((Spoken in an English Upper class accent))
 263 Carolyn: Yep.
 264 Linda: Yeah.
 265 Gail: It is I'm sorry =
 266 Linda: = I'm sorry. Its ((P)) yeah, I'm sorry that much no but
 267 Gail: No-but-no-no-it's.

267 Sue: No, it's ((P)) there is em: ((P)) there is a lot- there is quiet a few things that
268 were apparent to me when ((P)) I: went today and one- and particularly
269 issues having trouble ((P)) walking through that space: ((P)) where she is
270 being placed for her meals ((P)) is right in the middle it-it actually ((P))
271 reduces the amount of spac-((P)) of space around her.

272 Gail: Oh yeah.

273 Barry: yeah.

274 Sue: Like Jane [is a person that: likes her-lots of space =

275 Linda: [Of course it does.

276 Gail: = Oh yes, lots of

277 space=

278 Carolyn: = She is enclosed.

279 Sue: Big space.

280 Linda: SHE IS CONFINED.

281 Amanda: Unless (*) unless she decides.

282 Sue: Oh yeah-yeah that's cool.

283 Amanda: Because I've had her almost sitting on my knee before.

284 Linda: Oh yes-yes.

285 Amanda: Then she if you actually initiates that.

286 Gail: I'll tell you these days you wouldn't want to do that.

287 Amanda: No.

288 Linda: Wouldn't get what.

289 Gail: [Jane that close::.

290 Amanda: [Jane that close.

291 ((P))

292 Linda: I ther-has been an occasion (0.6) when she was so upset that she hugged
293 me.

294 Gail: ((Inaudible.))

295 Linda: Three weeks ago. (0.3) She hung onto me. She wouldn't me go. She
296 wasn't going to hurt me. (1.2) She just hugged me. She just hung off me.
297 That is the closest I've ever been to Jane (0.7) and she cried. ((Voice
298 breaks on 'ed' of cried.))

299 Gail: She's been crying.
300 (0.6)

301 Linda: Yep.

302 Gail: She's been [actually crying.

303 Linda: [That is the closest I've ever been to her.
304 (1.0)

305 Gail: Jane has actually [been crying.

306 Linda: [I could actually feel her heart beat (*) yeah.
307 (0.8)

308 Gail: And she wants that food so much.

309 Linda: Yep. (0.7) And she wants us to help her so:: much. That is what that is all
310 about, that-that on the particular the whole thing leading up was (1.0)
311 em.
312 (0.5)

313 *Gail:* 'Just help me.'
 314 *Linda:* Yeah just, yeah I know 'I trust you.'
 315 *Gail:* 'Let me have my [meal please].'
 316 *Linda:* [I know she trusts:] me to.
 317 ? Yep.
 318 ? Hm.
 319 *Gail:* She does (1.4) yep she does.
 320 *Linda:* 'My only trouble is eating.'
 321 *Sue:* Ok, how long has everybody worked with Jane.
 322 ((P))
 323 *Gail:* I've worked five and half years.
 324 *Amanda:* Five years.
 325 *Linda:* [Three and half.
 326 *Barry:* [About fifteen months.
 327 *Amanda:* Five, three, what about =
 328 *James:* = Just one year.
 329 *Amanda:* One [year.
 330 *Interrupter:* [Just one year.
 331 *Carolyn:* I'm probably the least.
 332 *Linda:* Be about a year more.
 333 *Carolyn:* A year but ((P)) now it's: ((P)) more often ((P)) every Tuesday.
 334 *Sue:* Ok.
 335 *Amanda:* We have always had ((P)) Gail in there as a stable, and the teams the team
 336 has always been really quite stable. I mean because we have found that is
 337 what Jane really needed at the beginning.
 338 *Sue:* Yep-
 339 *Amanda:* But we are now able to introduced (*) that's why we have got more people
 340 going in::, because overtime:: ((P)) em the behaviours have become less
 341 and less ((P)) than.
 342 When we first start[ed.]
 343 *Linda:* [My] first two years [it was five days a week =
 344 *Amanda:* =Yeah.
 345 *Gail:* [WE HAVE NOT HAD EM:
 346 (0.6) challenging behaviours with Jane for (0.7) about three years.
 347 *Linda:* No.
 348 *Gail:* No, not [now] no.
 349 *Linda:* [Not for ages.]
 350 *Gail:* Big smiles no hiding away, the whole thing =
 351 *Linda:* = Cheeky.
 352 *Gail:* I mean [Big similes], the whole works.
 353 *Linda:* [You don't see that.]
 354 *Gail:* And at then moment we're finding (1.3) we are not getting those happy
 355 faces:. (1.3) We are finding and it-it is only through observation:, she is
 356 moving, her-her chair used to be up against wall in the hallway, (0.6) now
 357 it has gone around (1.0) into the corner area. (1.1) And if (you) directly

358 look at Jane face to face: (1.0) she'll pulls her (1.0) face:: out of her your
 359 view:.
 360 (1.0)
 361 *Linda:* And she'll tell you off too.
 362 *Gail:* She'll-will (0.7) more or less say 'get out of my your face', well (1.6)
 363 just by her em: (0.5) [hand action.]
 364 *Carolyn:* [Or she will be][hiding.]
 365 ?: [hiding.]
 366 *Carolyn:* She will try to move the chair over if your in that direct line.
 367 ?: Hm.
 368 *Amanda:* She is hiding, yeah.
 369 ((P))
 370 *Gail:* It looks like ((P)) she may be hiding.
 371 ((P))
 372 *Sue:* Ok.
 373 *Linda:* Yeah it does.
 374 ((Laughter from people in the room.))
 375 *Linda:* It does, doesn't (it).
 376 *Sue:* It's a [nice] interruption.
 377 *Gail:* [It does.]
 378 *Linda:* Assumption.
 379 *Gail:* It does.
 380 *Linda:* But it's like, [when you have] that contact (*) yeah.
 381 *Gail:* [Well anytime.]
 382 *Gail:* Well I mean it just looks like she is hiding.
 383 ?: Yeah.
 384 ?: Yeah.
 385 *Gail:* Which is really ((P)) sad.
 386 *Sue:* Ok, All right ((P)) I:: em: ((P)) come with my own memories of Jane ((P))
 387 which I guess I should at least let you know. ((Laughter))
 388 ((P))
 389 Em, I worked out at Rose Bushes for about (*) six years ((P)) as a ((names
 390 professional)) out there. So I knew Jane quiet well out there. My memory
 391 of her in thos:e ((P)) that period of her life ((P)) where-that she: always
 392 had a (*) place ((P)) em within:: ((P)) her environment. That she always
 393 sat (*) and if her chair and she had a chair that was:: ((P)) different to
 394 everybody elses ((P)) em ((P)) that nobody else ever sat in. ((P)) Em:
 395 ((P)) and she would place that chair in this spot. ((P)) Where ever she
 396 choose to put it.
 397 ((P)) Em ((P)) and she would stay there.
 398 ((P))
 399 She ((P)) also:, she was living with quite a number of other ((P)) people.
 400 ((P)) And the::: environment in which the indoor environment which she
 401 lived was basically one huge room ((P)) as people would visited Rose
 402 Bushes would know.
 403 ((P))

404 Em ((P)) and that that was adjacent to the dining room (*) it was next to
 405 the dining room she always positioned her self so that she could see ((P))
 406 the em: ((P)) em the staff ((P)) who often conjugated in the office
 407 ((laughs)). The em:: ((P)) al- the other ((P)) people: whom she lived ((P))
 408 OK who were all within this room with ((P)) or ((P)) a good number of (*)
 409 they often split them into two rooms in that particular unit. Some people
 410 would be with her and some in another room ((P)) but it was the other side
 411 of the (*) staff ((P)) the office. And there was glass ((P)) in between the
 412 windows in between so that she could see all the through. So she could
 413 basically see everybody who were there (*) ninety percent of the time.
 414 ((P)) And: all the staff ((P)) ninety percent of the time (*) and: (*) on the
 415 other side, she would position herself here, the office there ((P)) the other
 416 group of people there.
 417 ((P))
 418 She could also see into the dining room (*) so she knew exactly, and she
 419 couldn't access the dining room, that was locked ((P)) em: ((P)) she could
 420 (*) em see what was going on in the dining room (*) and then the kitchen
 421 was a ((P)) was attached to that.
 422 ((P))
 423 Ok (*) in those days you never went through the kitchen. The kitchen led
 424 to outside so all those doors would be locked, you could never actually go
 425 through the kitchen. ((P)) In those days.
 426 ((P))
 427 Ok (*) em ((P)) and she is not the only person that I've have met ((P)) who
 428 has a disability who has have a problem with a particular part of the house.
 429 ((P)) There are some other people (*) I know who will (*) avoid halls for
 430 instance. ((P)) I'm=
 431 *Linda:* =She never uses to =
 432 *Sue:* = For whatever reason.
 433 *Linda:* She never used to avoid the kitchen.
 434 *Amanda:* No.
 435 *Linda:* She never use to avoid the dining room.
 436 *Gail:* She actually =
 437 *Sue:* = That is important to know.
 438 *Gail:* Where she was sitting previously in the lounge was =
 439 *Sue:* = Yep =
 440 *Gail:* = Just out.
 441 inside ((P)) the double doors there. And she would come from there over
 442 to ((P)) pass the table and the chair was set up there ((P)) angle to the
 443 table.
 444 *Sue:* Mmhm.
 445 *Gail:* And she would also sit ((P)) right in the middle of the kitchen.
 446 ((P))
 447 *Sue:* Mmhm.
 448 *Gail:* And have ((P)) the bubbles in the sink and everything, all the ((inaudible)).
 449 *Linda:* Yeah.

450 *Gail:* Oh yeah.
451 *Linda:* She used to go off=
452 *Gail:* = big smile of the face and just go off. We could just
453 sit up on the bench with our legs dangling and we could just have a giggle
454 ((P)) an actual giggle.
455 *Linda:* We used to blow bubbles sometimes.
456 *Gail:* We used to blow bubbles.
457 *Sue:* Mmhm.
458 *Carolyn:* Just [washing up bubbles].
459 *Gail:* [And she had] no trouble from going from there to there ((P)) but
460 then the couch was introduced, and ((P)) there was a bit of story involved
461 with the couch. ((P)) And the lounge was changed, and that when she went
462 to the veranda ((P)) and from then on ((P)) well ((P)) things have
463 happened.
464 *Sue:* Mmhm-mmhm ((P)) Ok.
465 ((P))
466 *Gail:* Because I can remember going back ((P)) after the June break it was we
467 had our training week I walked in the lounge ((P)) and I said why is the
468 lounge changed and why is Jane outside?
469 ((P))
470 *Amanda:* Mm, because before then she-she used to move.
471 *Gail:* Oh-Oh yes.
472 *Amanda:* (She used go from) the lounge to the kitchen out.
473 *Gail:* At that time maybe the couch should have been changed to ((P)) just a
474 chair. I'm sorry that's ((P)) just an opinion and.
475 ((P))
476 *Linda:* Well it's a good one because I'm of the same, exactly the same.
477 *Sue:* Ok.
478 *Linda:* It appears that ((P)) Jane was unhappy with here environment having been
479 changed ((P)) and that she chose to remove her self out of it. She-she
480 went outside ((P)) and I still don't think ((P)) appears that Ja-, ((P)) I don't
481 think Jane has a problem with the kitchen. I think she has a problem being
482 told ((P)) that's the only place sh::e can eat.
483 *Sue:* Mmhm.
484 *Linda:* Em that's (*) what I think anyway. It appears that way anyway. I don't
485 think she had a problem with anything =
486 *Gail:* = No-no =
487 *Linda:* = She never had a
488 problem with the kitchen.
489 *Gail:* No.
490 *Linda:* Like you side we had her sitting on a chair of her choice right in the
491 middle of the kitchen, very much in the middle ((P)) and we would be
492 washing up, and just the washing up bubbles.
493 *?:* Mmhm.

494 *Linda:* Because we used to get the bubbles on our ((P)) ((tap on the table)) right
 495 up our arms and stuff and then we would smear them all over her and she
 496 just blow them.
 497 *Gail:* Inaudible allergic to soap.
 498 *Linda:* Yeah ((P)) but you know she uses to ((inaudible)).
 499 *Gail:* She used to giggle and laugh.
 500 *Linda:* She used to carry on=
 501 *Gail:* = Oh yeah actually belly laugh.
 502 *Linda:* Really laugh.
 503 *Gail:* Big belly laugh.
 504 *Linda:* And the only trouble we had was getting her off the chair.
 505 *Gail:* ((Laughs))
 506 *Linda:* When it was over.
 507 *Gail:* But that was only because of plastic ones and she ((P)) plastic ones aren't
 508 allowed to be used these days.
 509 *Linda:* ((Inaduble.))
 510 *Gail:* Not any more no.
 511 *Linda:* But we are talkin' em: a couple of years ago now.
 512 *?:* Yeah.
 513 *Gail:* No just em:: ((P)) a change personality now.
 514 *Sue:* Ok.
 515 *Linda:* She hasn't similed[or [laughed.
 516 *Amanda:* [And I think.
 517 *Gail:* [laughed.
 518 *Linda:* I haven't seen her smile or laugh in twelve months.
 519 *Amanda:* Yeah.
 520 *?:* Yeah.
 521 *Amanda:* And I think that's (0.6), that's half the reason that we've been saying
 522 that we need a new intervention and that too we have seen the
 523 change within Jane (0.6). And (1.1) em: when intervention first
 524 started we went a long with all of it and we had are input in the
 525 meetings: and (0.6). So we didn't have a problem with trying to get
 526 Jane inside as such it was when introduced that (0.8) the kitchen was
 527 the only area (0.1) by em then (1.0) as far as I was concerned the
 528 intervention was stopped there. But (*) has been some confusion
 529 over that (2.3) so (2.1) yeah.
 530 *Sue:* All righty (1.6) em (1.0) where do the other householders live, eat,
 531 er: (0.7) sorry.
 532 (2.0)
 533 *Gail:* Greg, (0.8) can I mention names, is that quite all right under these
 534 circumstances. Em: (1.5) Greg Miller would em, (2.4) be taken to
 535 the table first off if he showed signs that he was: uncomfortable there
 536 he would be offered the veranda or anywhere, anywhere he like (1.8)
 537 actually.
 538 Em: (0.9) Nicola would always sit at the table unless there was a (*)
 539 meal outside (0.3) she would go outside, well of course outside parks

540 and the other houses I must admit.
541 Em::: (2.0) Isabelle would be (1.0) at the main table most meals
542 except for (*) as I said outside activities or parks or other houses.
543 (3.6)
544 *Sue:* Ok =
545 *Gail:* = And that's their choice.
546 (1.4)
547 *Linda:* Yep Greg is about the only one sometimes
548 [Chooses to eat elsewhere and he chooses to eat elsewhere =
549 *Gail:* [Would make a choice.
550 *Gail:* =And he does.
551 *Linda:* Because he will not em (0.6) allow you to assist with his meal until
552 such a time you take him out of the veranda if that doesn't suit
553 maybe out into the hall =
554 *Gail:* =And he will make a verbal noise to let (1.3) let
555 you know =
556 *Amanda:* =Where you stand [((laughs)).
557 *Linda:* [You don't feel like eating inside today
558 Greg ((inaudible)).
559 *Carolyn:* Isabelle will take a drink outside if she wishes to drink outside.
560 ?: Em.
561 ?: Well, yeah.
562 ?: Em.
563 (2.0)
564 *Gail:* We em (0.5) it is a client's right to make all those choices and we
565 been, we listen to them.
566 *Sue:* Yep, ok the tricky thing, I s:uppose, with em: (0.6) Jane is that she
567 does, s::et herself up in very fixed (0.5) places and if: (0.9) she is
568 not encouraged to actually move and I'm not sa:, you know I'm, not
569 putting strategies in place at this stage I'm just presenting an idea. If
570 she is not encouraged to move em: she gets more and more stuck (0.5) in
571 that one spot.
572 (1.4)
573 *Amanda:* Yeah: I suppose the way we look at it is that we are not asking:: for::
574 Jane:: to eat, sit drink everything in that hallway but we: are looking
575 for other alternatives that is less stressful on Jane and makes less
576 unhappy, I suppose (1.0) yeah other ways of doing it em:: (*) that will
577 work.
578 *Gail:* Em.
579 *Amanda:* Is that all right=
580 *Gail:* = Em
581 *Linda:* Other than her starving yeah sure.
582 *Carolyn:* How-how long do you have to wait (1.8) to have (*) you know one
583 thing (0.5) happening.
584 *Sue:* Yeah-yeah.
585 *Carolyn:* And is not working (0.8).

586 If it was working (1.4) well [((inaudible)).
587 *Amanda:* [It's been about eight or nine weeks now=
588 *?:* =Em =
589 *Carolyn:* = It just hasn't worked. [I mean-she] is just starting to ((inaudible))=
590 *Gail:* [If-if (*) yeah.]
591 *Amanda:* = every second, but.
592 *Gail:* If Jane wants:: (3.3) Jane can learn very quickly. If Jane wants to do
593 it. Jane can learn in one day. (1.7) If Jane really wants to do it.
594 *Sue:* Yep.
595 *Gail:* That has been proven time and time again ((laughs)). (1.8) She'll
596 let you know (0.9) if she is happy or not happy, quite easily
597 *Linda:* She's far more strong willed (0.6) in her choices: (*) too and that upsets
598 some people.
599 *Gail:* W:e we [have in past.
600 *Linda:* [that's her right.
601 *Sue:* She has always been (0.4) very [strong (0.6) very determined.
602 *Linda:* [that's her right.
603 *Gail:* I think [Jane over the last few years.
604 *Amanda:* [But I think though Jane is not able to make informed
605 choices herself=
606 *Linda:* = No.
607 (0.4)
608 *Amanda:* Of cours:e.
609 *Gail:* Well (*) she has been empowered a lot of the last (0.9) number of
610 years (0.4) the last ((inaudible)) and =
611 *Sue:* = She has had heaps more.
612 opportunities hasn't she =
613 *Gail:* = Well that, exactly right, exactly right, and
614 em (2.0) you just need Jane your going to eat Jane and you can::, she
615 can let you know very, very easily and I don't mean by challenging
616 behaviours, by face expressions, (*) hand expressions
617 you get the message very quickly (*) very subtle way but Jane wants
618 and doesn't want (3.0) and by gosh:: she-you get a beautiful
619 smile ((laughs)).
620 *Sue:* Yeah she dose have a lovely smile
621 *Gail:* She always had (she does) ((inaudible)).
622 *Sue:* Ok, lets have a look at those situations where it doesn't: (0.6) where she
623 eats:: (0.3) happily, where she is giving you: lots of smiles ((P)) at meal
624 times ((P)) and em: because I would like to know what it is about those
625 situations that makes them pleasant for Jane ((P)) Ok.
626 *Amanda:* She doesn't need smiling at mealtimes.
627 *?:* No.
628 *Sue:* ((Laughs))
629 (Inaudible) no food.
630 *Amanda:* This is mine.
631 *Barry:* (Yeah) That's right.

632 Sue: To-
 633 Amanda: Eats quite quickly.
 634 Gail: At [the moment.]
 635 Sue: [To busy eating.]
 636 Gail: At the moment in most situations Jane would sit there with her hand ((P))
 637 around her plates: and we reassure her ((P)) it is yours it belongs to you it
 638 will not be taken away from you.
 639 Sue: And is [that], that guarding her food, is that a new.
 640 Barry: [Yep.]
 641 (*)
 642 Gail: Oh yes =
 643 Sue: = Behaviour.
 644 Linda: She has gone backwards there.
 645 Gail: Oh yes =
 646 Linda: = S:liding down hill so fast =
 647 Gail: =Yes=
 648 Linda: = Because =
 649 Gail: = She certainly is=
 650 Linda: = She had finally learnt ((P)) and believed that we wouldn't take her food
 651 off [(*) her. It's yours Jane, as we did for years] now =
 652 Gail: [Mm-mm-mm-mm]
 653 Linda: = Sh-she would
 654 now, she would eat with a spoon, she would [eat] really well =
 655 Gail: [Right]
 656 Linda: = She had all these new skills, it
 657 was going great guns, now ((P)) stuff the spoon, harwck-harwck- harwck-
 658 harwck- [harw]ck, like =
 659 Gail: [Yep] = I willn't let [it taken from you
 660 Linda: [Go back hill down hill, you know,
 661 just yeah-nea.
 662 Barry: Everything is a rush now to ((P)) yeah.
 663 Linda: She will scruff it off the floor and off the lap she ((P)) just (*) if there is
 664 food around =
 665 Gail: = She'll do that at the start of a meal but as she gets starts to
 666 gets to the end ((P)) she'll slow down (slow down).
 667 ?: Yeah.
 668 Linda: Probably because she's got to slow down anyway.
 669 Gail: Well.
 670 Barry: Yeah.
 671 Gail: Of course ((P)) but.
 672 ((P))
 673 Linda: That's gone down hill too I reckon.
 674 Gail: And about half an hour ((P)) to three quarters of an hour after a meal: ((P))
 675 before the meal she may be a bit verbal=
 676 Linda: = Yeah=

677 *Gail:* =Making noises, half an
678 hour three quarters hour after a meal ((P)) you can feel ((P)) oomph ((P))
679 the aroma around her, she just (drops voice) calms right down (end) =
680 *Linda:* =yeah ((P)) she'll spend all morning making funny noise =
681 *Gail:* =Yes=
682 *Linda:* =Hiding from us=
683 *Gail:* =Yes=
684 *Linda:* = Appearing to hide from us when we make eye
685 contact[then] in the afternoon [she is so quiet you think] ((P)) wonder =
686 *Gail:* [Yes.] [three quarters of an hour after a meal.]
687 *Linda:* = What Jane's up to. You can make eye
688 contact [without her going into the corner] =
689 *Gail:* [Mm-yep] = That's right.
690 *Linda:* Once her stomach feels ((P)) stops ((P)) growling ((P)) when she has got
691 some food in there [she seems to] be so quiet and happy she doesn't =
692 *Gail:* [It just seems.]
693 *Linda:* = tell us off [when] we'll come past her to go, we have to go past her =
694 *Gail:* [No, no]
695 *Linda:* = to go to the filing cabinet and stuff in that little room =
696 *Sue:* =mm=
697 *Linda:* = And of the
698 morning the when you go pass her she will growl at you every time
699 ((makes the noise of a cat)) she turn around. Then of the afternoon she
700 just sits [there].
701 *Gail:* [Three quarters of an hour after a meal ((P)) when she has eaten.
702 *Linda:* Yeah.
703 ((P))
704 *Sue:* Ok.
705 *Linda:* After she has eaten, once she has gotten a full belly.
706 *Sue:* So tell me about barbeques.
707 *Gail:* In parks ((P)) or in backyards ((P)) either or neither.
708 *Sue:* Are they different?
709 *Barry:* We get more barbeques ((inaudible)).
710 *Sue:* [are they substantially different ha-ha-ha.
711 *Gail:* ((Inaudible)) am, barbeques out. Ok we arrive at the park. Jane will exit
712 the van, she'll sit at the table watch people cook the meal ((P)) em we put
713 a plate ((P)) ask her what she likes ((P)) em sausages, hamburgers
714 whatever em: put it on her plate cut it up quite small, put the plate in front
715 of her. She would put her arm around the plate and sit there quite happily
716 ((P)) helping herself ((P)) em:: we take the plate away, give her a bowl of
717 fruit ((P)) and a drink.
718 *Sue:* Does she: get a choice over the fruit.
719 *Gail:* Oh we probably just take two fruits with us ((P)) and cut it up ((P)) into a
720 bowl yeah.
721 *Sue:* So it is like a fruit salad.
722 ? Sort of.

723 Gail: Yeah two fruit [salad] in a bowl.
 724 Sue: Ok a tin of two-fruits.
 725 Gail: No an orange, an apple [((inadubile))].
 726 Barry: [Just a banana or orange or something chopped up
 727 ((P)) Sorry.
 728 Sue: And she'll have both ((P)) fruit ((P)) mixed into together.
 729 ?: Mmhm.
 730 Sue: Ok.
 731 ((P))
 732 Gail: And we take the plate away and:: ((P)) she probably these days would
 733 return straight to a van, the van after a meal
 734 ((P)) Wh[ere before] she would stay outside.
 735 Linda: [She didn't use to.]
 736 Linda: Even be able to go for a short walk ((P)) after lunch. Which was always
 737 really good. ((P)) She follow Gail around, wouldn't she Gail?
 738 Gail: Oh she would go around.
 739 Linda: She would always go for walk with you.
 740 Gail: The same sort of principles barbeques in the back yard.
 741 Barry: Yeah, oh yeah, the exactly the same really, yeah.
 742 Sue: Oh no they are not exactly the same because you don't have the van ride
 743 Gail: We've got-
 744 Barry: Oh right, in that respect Jane, once finished eating (*) a meal ((P)) em
 745 ((P)) or there is only one occasion where she even had one outside (*)
 746 when she head straight round ((P)) through the din: through the lounge
 747 area (*) through the door and back into the hallway where she sits.
 748 Amanda: So she still didn't go into the kitchen though.
 749 Barry: [No didn't go through the kitchen went through the =
 750 Gail: [No-no
 751 Sue: = can-I-can-I, go back
 752 to the beginning.
 753 Barry: Yep.
 754 Sue: When having a barbeque outside what happens at the very beginning
 755 Barry: At the very beginning?
 756 Sue: Like you've got here that yo.. she has a van ride to get to the park and then
 757 she'll watches the meal being cooked.
 758 Gail: [(you go outside (inaudible)).]
 759 Barry: Jane, is in the hallway ((P)) where she =
 760 Sue: = Yep =
 761 Barry: = is seated em:. Food is
 762 prepared on the barbeque now.
 763 Sue: So she doesn't come out =
 764 Barry: = no, well =
 765 Sue: = that point in time
 766 Barry: At this, at this the no-no.
 767 Sue: No.
 768 Barry: At the most recent barbeque we had she didn't no.

769 Sue: Right.
770 Barry: She remained in the hallway.
771 Sue: Ok ((P)) and then, the barbeque is prepared ((P)) the-the-the barbeque the
772 barbeque is cooked.
773 Barry: yep ((P)) the table is prepared. A place is prepared for Jane at the end of
774 the table.
775 ((P))
776 Sue: And this outside-the outside table.
777 Barry: Outside on the veranda.
778 ((P))
779 Sue: And em: ((P)) (nit-nit-nit ((smacking of lips)) ((P)) and then she sits at the-
780 and what happens after that, she sits at the table =
781 Gail: = You go through and get
782 Jane or Jane.
783 Barry: Yeah ((P)) Jane was shown the meal. Jane came ((P)) walks through the
784 kitchen, she didn't go around the long way she came through the kitchen.
785 Sue: Yeah.
786 Barry: Out on the back veranda up the ramp onto the veranda, sat at the end of
787 the table, protected her food as (*) she does ((P)) em eat the complete
788 meal.
789 Sue: Was it, was the same choice given to her what was put on her plate
790 Barry: The same, veg burgers were prepared all staff, but ((P)) I mean all clients
791 that day so.
792 Sue: Ok so you just had, there wasn't any choice [in terms of.
793 Barry: [There cooking garden,
794 cooking programme in the morning which James had prepared verge
795 burgers so =
796 Sue: = Yep-yep =
797 Barry: = It was veg burgers prepared.
798 Sue: Ok so it wasn't a choice of sausages and so (inaudible).
799 Barry: No-no.
800 Sue: Ok.
801 ((P))
802 Gail: When you say she went through (*) from the hallway, she went through
803 the kitchen =
804 Barry: =Yep=
805 Gail: =Through the backdoor not across.
806 Barry: Straight through the back door yep.
807 Gail: Through the back door =
808 Barry: =Yep=
809 Gail: =From the hallway through the backdoor=
810 Barry: =Yep =
811 Gail: = Not the veranda and not through the kitchen.
812 Barry: Now ((P)) through the (*) I suppose it's through the kitchen isn't?
813 Gail: Yep-yeah.
814 Linda: Has she seen from the veranda, the back veranda.

815 *Barry:* Had she seen us?
 816 *Linda:* She knew what was going on out there?
 817 *Barry:* I don't know.
 818 ((P))
 819 *Barry:* Right.
 820 *Sue:* ((Laughs))
 821 *Gail:* She will also.
 822 *James:* ((James' voice.))
 823 *Interpreter:* She went through the kitchen and the following day she didn't go through
 824 the kitchen she went around it. To avoid it.
 825 *?:* Mm.
 826 ((P))
 827 *Linda:* It is like if she will make a mad dash through the kitchen straight to the
 828 outside veranda, that's why I asked Barry, ((P)) if she was aware (of us)
 829 setting up out there, because I know before if we had a picnic in the back
 830 yard. If she is aware of the picnic in the backyard ((P)) she never has gone
 831 through the kitchen for me, I can imagine her sort of going sshif.
 832 *Carolyn:* that'll be the smell of the barbeque.
 833 *Gail:* Yeah-yeah-yeah.
 834 *Carolyn:* ((Inaudible.))
 835 *Barry:* No she would have seen the meat, the meal being prepared, we had the
 836 back door open all the time and the barbeque is in directly from probably
 837 where she is sitting.
 838 *Linda:* Yeah.
 839 *Barry:* So it is straight through.
 840 *Linda:* Straight out.
 841 *Barry:* Straight out.
 842 *Gail:* So you'll weren't out on the back veranda [you were on the paving.
 843 *Barry:* [Preparing the food. ((P)) No-
 844 no, where we eat was on the back veranda =
 845 *Gail:* = Arr-ok.
 846 *Barry:* The barbeque itself was [direc-
 847 *Gail:* [On the paving
 848 *Barry:* On the paving, [in direct line with the back =
 849 *Gail:* [Ar Ok =That makes sense=
 850 *Barry:* = if you look from where Jane sits [through the backdoor to where the =
 851 *Linda:* [She can see the back veranda from
 852 where her chair is.
 853 *Barry:* = Barbeque is (*) she would [see (*) the food being prepared
 854 *Linda:* [That's what I was thinking that's why she
 855 went through.
 856 *Sue:* Hm-hm.
 857 *Gail:* So the barbeque unit was actually on the paving area.
 858 *Barry:* Yeah-yeah.
 859 *Linda:* But she also knows she can go and eat.
 860 *Gail:* Oh-yeah.

861 *Linda:* You see.
862 *Gail:* We have also held em ((P)) all clients and staff out on the back veranda as
863 a picnic meal sandwiches ((P)) and she is quite willing to come through
864 there too.
865 *Sue:* Ok.
866 *Linda:* She goes out the front around the house [to see what's going on the =
867 *Gail:* [Em last
868 *Linda:* = Veranda and joins us=
869 *Gail:* = Last time that happened I actually ((P)) another
870 client was given the placemat. She went out Jane would have seen Jill set
871 up the place mates outside, the water jug and the glasses. ((P)) I prepared
872 the meal kitchen on the kitchen bench. We had salad bowls that day
873 brought at the shop earlier ((P)) Jane would have seen me covering them
874 up. I took all the plates outside. I had Jane's plate in my hand and I got to
875 the double doors:: ((P)) going to invite Jane out to join us. If when wished
876 to, my only got to the double doors with the plate in my hand Jane got up
877 from the hallway went through the lounge way doors and cross the lounge
878 and out the double doors and sat down. And partake of her meal.
879 *Linda:* You didn't get a chance to ask her?
880 *Gail:* No prompts at all, no words, no prompting at all. ((P)) She did return
881 straight to the hallway after the meal was eaten and had a drink.
882 ((P))
883 *Sue:* Are there any other places that she has eating, that she doesn't seem to
884 have any problems with?
885 *Linda:* We wouldn't know would we?
886 *Carolyn:* Cafés.
887 *Linda:* I thought you meant in the house.
888 *Gail:* In the house or out.
889 *Sue:* Anywhere [any other places.
890 *Linda:* [Anywhere.
891 *Gail:* Cafés::.
892 *Sue:* Does she go regularly to cafés.]
893 *Linda:* Swan Hill takeaway shop.
894 *Gail:* We've gone a couple of times in the last ((P)) em four weeks or so five or
895 four weeks. ((P)) Went in ((P)) got out of the ((P)) van walked into the
896 shop. Sat down at the table.
897 ((P))
898 *Sue:* Does she [choose where she sits?
899 *Gail:* [And.
900 ((P))
901 *Gail:* Does she choose where she sits? ((P)) All.
902 *Linda:* I would have to say normally yes.
903 *Gail:* Well yeah, I'll say.
904 *James:* ((James's voice))
905 *Gail:* Well there are just tables with chairs around them.

906 *Interrupter:* There are the toilets at McDonalds. She likes to go to McDonalds. I mean
907 She enjoys the food there. She enjoys McDonalds, McDonalds, perhaps
908 for the food.

909 *Sue:* Dose she choose where she sits.
910 ((P))

911 *James:* Arrr, she decides for herself at McDonald's.

912 *Gail:* Tables are around the chairs.

913 *Linda:* She joined us at our table though the last time we went didn't we. That
914 café at City Beach.

915 [?: Mmhm-mmhm.

916 *Linda:* Like Nicola picked the table and =
917 *Gail:* = Yeah=
918 *Linda:* = We decided that was a good
919 place to sit and when Jane came in she joined us at that table [and choose
920 her =

921 *Gail:* [A the table.

922 *Linda:* = own seat =

923 *Sue:* = Ok =

924 *Linda:* = around the table.

925 *Sue:* I'm interested in where she chooses to sit.

926 *Amanda:* Like, does she home in on a special chair or a different table, that may be
927 direct?

928 *Gail:* No.

929 *Sue:* Or in terms of what she has got her back to or what she looking at or what
930 she ((P)) can see that in particular I'm interested in.

931 *Gail:* We would probably ((P)) who's a client that we unload first Gordon we
932 probable go in with another client ((P)) ((knock at the door)) and maybe
933 ((P)) choose a table there and Nicola would choose that table first.
934 And Jane just joins us round table if there were all five other seats she will
935 just ((P)) choose any seat. I mean it's never looking out of the window, its
936 never looking at a wall, it could be a ((Amanda leaves room. Door closes))
937 different ((P)) outlook form that chair area.

938 *Sue:* Ok. Does she em ((P)) and maybe you can't, can't think of this necessary
939 off the top pf your head but, I mean I'm interested in knowing does she
940 position herself so that ((P)) em she is not in a walkway or she's (*) em or
941 she can see a good part of the café or restaurant ((P)) or.

942 *Gail:* I suppose because they are mostly open areas ((P)) and most places would
943 have a window. ((P)) Yeah most of them would be in open areas. We
944 would never go anywhere ((P)) where they're would be a very small.

945 *Sue:* Mmhm.

946 *Gail:* Even though Kingston Beach Café is a small area there are (*) half a
947 dozen tables and chairs inside and a window.

948 *Sue:* Mmhm.

949 *Gail:* That looks out and at-at open door (*) that we go through to the rest.

950 *Sue:* Mmhm.

951 *Gail:* So even though it is smallish::.

952 *Linda:* It's a big window.
 953 *Sue:* It is actually a big [area.
 954 *Gail:* [Open ((P)) It's an opening.
 955 *Linda:* Yeah.
 956 *Gail:* As in a feeling opening.
 957 *Sue:* Yep ((P))[so that-that's the sort of stuff I'm trying to get out.]
 958 *Gail:* [°right good° ((laughs)) you have hit] the nail right
 959 on the head haven't you. McDonalds of course is open. Big glass.
 960 *Sue:* Yeah-yeah.
 961 *Gail:* When we go to a certain another house of course ((P)) the couch is near a
 962 window ((P)) and she sits on the couch quite happily.
 963 *Sue:* And it's.
 964 *Gail:* Yes.
 965 *Sue:* Ok right ((P)) so ((P)) when does she visit the other house?
 966 *Gail:* we used to do it ((P)) em once a week =
 967 *Sue:* =Right =
 968 *Gail:* = We don't do it as much
 969 Now because of the programme situations.
 970 *Sue:* Yep-yep.
 971 *Gail:* But she would sit on the couch near (*) quite a large window.
 972 *Carolyn:* Which on-are you sure?
 973 *Linda:* What about Mondays?
 974 *Sue:* ((Laughs.))
 975 *Gail:* Big roll of the head.
 976 *Linda:* Mondays ((P)) we still go ((P)) we still go up ((that day)).
 977 *Gail:* Yeah-yeah Cannington is em: always.
 978 *Linda:* All open spaces =
 979 *Gail:* = Open space, [all open space all open space].
 980 *Linda:* [She'll just run around. Chooses to sit
 981 where she wants to sit and err:[she goes] inside she goes [outside.
 982 *Gail:* [She goes.] [She goes.]
 983 inside she to the couch =
 984 *Linda:* (Inside-outside.)
 985 *Gail:* = It's a big open area, she is outside on those
 986 lovely chairs that she likes=
 987 *Linda:* = Yep =
 988 *Gail:* = Jane really likes:: ((P)) Cannington
 989 the ope-the outdoor chairs there.
 990 *Linda:* Plastic chairs outdoor setting, expensive ones.
 991 *Gail:* Easy to clear.
 992 *Sue:* Mmhm.
 993 *Gail:* She [absolutely loves those.
 994 *Linda:* [Waterproof cushions you the nice [thick cushions.
 995 *Sue:* [Yeah.
 996 *Sue:* Yeah.

997 *Gail:* She likes wood. She-she, well she seems to like wood because when we
 998 are in parks and that (*) she loves (*) the copper logs. Do you know the
 999 copper logs?
 1000 *Linda:* Yeah, she always sits on the copper logs we are all so frightened that she
 1001 is going to fall backwards.
 1002 *Sue:* ((Laughs.))
 1003 *Gail:* Absolutely loves copper logs.
 1004 *Linda:* It is only about this round and we are so frightened that she is going to fall
 1005 backwards.
 1006 *Gail:* Yeah.
 1007 *Linda:* She never does.
 1008 *Gail:* Not at the parks, that is why she likes doing to the parks ((P)) (and things.)
 1009 ? : Mmhm.
 1010 ? : Mmhm.
 1011 ? : Yeah.
 1012 ? : Ha.
 1013 ? : Maybe.
 1014 ((P))
 1015 *Sue:* Ok (1.1) em (2.5) all right, so the places she sits herself in these other
 1016 houses ((P)) to eat, if indeed you do go to them, (1.7) is:: somewhere close
 1017 to a window (1.2) (only if she is inside)=
 1018 *Gail:* = Y[ea.
 1019 *Sue :* [Or outside in the yard
 1020 (0.9) which is the same [as being outside in the garden.]
 1021 *Gail:* [Well (0.5) yeah-yeah-yeah]-yeah.
 1022 *Linda:* It appears to be close to a [window each time].
 1023 *Gail:* [Does appears to be] yeah.
 1024 *Linda:* There is a bit of a pattern there.
 1025 *Gail:* Yeah, but (0.4) yeah (0.6) A very nice pattern.
 1026 *Linda:* You think you take everything in at the time but you don't.
 1027 *Gail:* You don't do (really) you.
 1028 *Sue:* That's (0.3) my job is to help you think.
 1029 *Gail:* ((Laughter)) Yes of course=
 1030 *Sue:* = To ask questions to make you
 1031 [think differently about a problem.
 1032 *Gail:* [Of course.
 1033 *Gail:* Of [course.
 1034 *Linda:* [Yeah.
 1035 *Sue:* Em:.
 1036 (4.1)
 1037 *Gail:* So even where she sits at Smith's Point in the hut. She chooses that end
 1038 table [(we go right back) ((inaudible))=
 1039 *Linda:* [To sit out looking though =
 1040 *Gail:* = Yeah-yeah.
 1041 *Linda:* With her back to the wall.
 1042 *Gail:* She acts like she knows, exactly.

1043 *Linda:* (Yeah.)
 1044 *Gail:* She does exactly that.
 1045 *Linda:* (She has spoken. She does the same thing at that particular table). She
 1046 chooses her table at Smith's Point. It's her table.
 1047 *Gail:* Yeah.
 1048 *Linda:* Every time. 'I like that table.'
 1049 (2.1)
 1050 We have been able to join her without her [growling.]
 1051 *Gail:* [Oh yes] that's right.
 1052 *Linda:* As in she is not territorial [by choosing=
 1053 *Gail:* [No.
 1054 *Linda:* = It's like [we found we can.]
 1055 *Barry:* [(I don't think it ever]
 1056 is ((P)) sorry.
 1057 *Linda:* We can, jus:: we have, haven't we join her
 1058 at the[table. When] the other tables [have been a bit busy.]
 1059 *Gail:* [Oh yeah.] [Oh yeah ((P)) yeah-yeah-yeah.]
 1060 *Barry:* Recently down there she becoming from that table to joining us.
 1061 *Gail:* Yes ((P))[she has.
 1062 *Linda:* [oh great.
 1063 *Gail:* She comes across and then she [goes back.]
 1064 *Sue:* [This is at] Smith's Point.
 1065 *Barry:* [Smith's Point.]
 1066 *Linda:* [Smith's Point], Riverside.
 1067 *Barry:* And join [us at] the other table doesn't she? =
 1068 *Gail:* [She does.] [Yeah.
 1069 *Linda:* = A [place she
 1070 appears to [love.
 1071 *Gail:* [She gets really close doesn't she.
 1072 *Barry:* (Yep-Yeah.)
 1073 *Gail:* Really close.
 1074 ((P))
 1075 *Linda:* Yep.
 1076 *Barry:* I don't know if it's the hunger ((laughs)) that encourages her .
 1077 ?:
 1078 *Gail:* Well actually at one stage where em: at some of the parks, Jane would
 1079 actually ((P)) she actually ((P)) em ((P)) scruffed no not quiet the word,
 1080 (*) grabbed the back of another client who was close to the food basket
 1081 just before the food was (*) prepared.
 1082 *Linda:* Is that the only time though Gail?
 1083 *Gail:* That is the only tim[e that has happened ((?))
 1084 *Linda:* [You know what I found so, not odd or strange or
 1085 anything, I don't know what the correct word is but em:: ((P)) I've know
 1086 Jane three years ago to-to em: (*) to scruff food.
 1087 *Sue:* Mmhm=

1088 *Linda:* =You know that didn't belong to her. (She is so, look I've hidden it or
1089 is she felt like eating)).
1090 *?:* Mm
1091 *Linda:* As hungry as that lady must be.
1092 *?:* Mm
1093 *Linda:* She does not=
1094 *Gail:* = No =
1095 *Linda:* = Steal food =
1096 *Gail:* = No =
1097 *Linda:* =That's available to her =
1098 *Gail:* = No =
1099 *Linda:* = That I'm aware off. ((P)) Not a crumb of anybody's and you can leave
1100 it (*) there for her to[steal, even her own meal =
1101 *Gail:* [Mm.
1102 *Linda:* = That you're trying to
1103 blackmail her with, sorry that's the only word I can use (*) to describe it
1104 correctly because there is no ((P)) she would, no she does not steal food =
1105 *Gail:* = Absolutely from the bench there
1106 *Linda:* As she would be so hungry, she must be °so hungry°. (1.0) And she
1107 doesn't steal food, I've not seen her steal food in years. (0.7) Not
1108 anybody's, not even her own that she has been tempted with.
1109 *Sue:* Mm.
1110 *Linda:* She has decided that (0.4) 'I'm not eating there'.
1111 *?:* Mm-mm.
1112 (1.5)
1113 *Gail:* 'Keep your food=
1114 *Linda:* = STICK IT'.
1115 (0.2)
1116 *Gail:* 'Keep your food'
1117 *Linda:* She doesn't even steal it. (0.5) no. (1.2) She uses to (0.6) years ago (1.1)
1118 yep.
1119 *Sue:* °Ok° ((P)) em its good ((P)) that you who've asked somebody from the
1120 Resource Team to comeback and help sort this one out now. Em: because
1121 we've still got some time to buy with, to play with in terms of em:: ((P))
1122 em: her weight.
1123 *Linda:* Mmhm.
1124 *Gail:* ((Yeah.))
1125 *Sue:* Because she actually not under weight even yet. Even though she: you
1126 know (*) your concern that she is being starved and that she has had a big
1127 weight lose.
1128 *Linda:* Can I just ask though what about her digestive system. How is that being
1129 affected, as in her inability maybe ((knock at the door)) in the near future
1130 to eat and digest meats.
1131 *Sue:* Em::
1132 *Amanda:* Sorry, Carolyn.

1133 Sue: Well she is still eating:: even though she might only eat ev-(45'01") once
 1134 a day or: once every::: ((P)) 36 hours ((P)) so what (*) you know ((P))
 1135 once every 2 days ((P)) a decent meal=
 1136 Linda: =° Sometimes it is only a mouth full
 1137 though°.
 1138 Sue: Sorry
 1139 Linda: It depends on what it is. Sometimes it's only a couple of mouth fulls
 1140 every 36 hours though.
 1141 Sue: Yeah (*) yeah.
 1142 Linda: You see and her digestive system must be starting to get lazy and we all
 1143 know that meat is the hardest thing ((P)) to digest and her digestion
 1144 system can just pack it in =
 1145 Sue: =Mm=
 1146 Linda: =After not ((P)) having had to work ((P))
 1147 for months (*) at a time, its been months.
 1148 ((P))
 1149 That's my main personal concern with Jane.
 1150 Sue: Ok.
 1151 Linda: (Isn't it her physical.)
 1152 ?: mm
 1153 Gail: Is it about ((P)) Jane being allowed to eat ((P)) when Jane ((P)) wants to
 1154 eat or not when she wants to eat at meal times.
 1155 Sue: It is certainly not about ((P)) Jane having to eat ((P)) every meal.
 1156 Gail: No.
 1157 Sue: And all the food that is presented to her.
 1158 Gail: Yeah
 1159 Sue: It is about Jane being able to (*) the eat ((P)) the number meals a day that
 1160 are appropriate for her: ((in breath)) em: and I have memories of her: not
 1161 eating ((P)) you know, not even coming [into the dining room].
 1162 Linda: [Her choice though.]
 1163 Sue: Yeah.
 1164 Linda: Was it her choice yeah.
 1165 Sue: Yeah.
 1166 Linda: I didn't feel this is her choice.
 1167 Sue: Yeah [::
 1168 Linda: [This is not her choice.
 1169 Sue: My concern is here she is set, where the chair has been positioned,
 1170 because it ((P)) flies in the face of all the stuff that I know about Jane
 1171 which is that she needs lots of space. The more [space the more.]
 1172 Linda: [That wall, there] isn't.
 1173 Sue: yeah, the more comfortable she feels.
 1174 ?: (It's really close.)
 1175 Gail: And it is a bit em: unsafe for other clients to being set up there to as in
 1176 ((P)) as in other clients [having to:] walk through ((P)) with =
 1177 Sue: [Halves the walkway.

1178 *Gail:* =Drinks
1179 well I guess ((P)) or staff,
1180 *Linda:* And-and-and her choice to, you know her, choice to be allowed to eat
1181 where she wants.
1182 *Gail:* If Jane was [given]-
1183 *Sue:* [Within] reason.
1184 *Linda:* Yeah.
1185 *Sue:* Yeah within reason.
1186 *Linda:* Surely yeah.
1187 *Sue:* To some extent em:: ((P)) there are some rooms in the house that we don't
1188 eat.
1189 *?:* Mm
1190 *?:* [Oh yes.]
1191 *Barry:* [Yeah.]
1192 *Linda:* [IF I CHOOSE TO, if I wanted to if I choosed, to I could though.
1193 *Sue:* Oh yes but you choose to knowing:: that ((P)) knowing all: the issues to do
1194 with that choice. Jane doesn't have the cognitive ability to consider all
1195 those ((P)) issues. For instance ((P)) I-just as an extreme choice ((P)) if
1196 you=
1197 *?:* =((Inaudible.))
1198 ((Laughter.))
1199 *?:* Toilet.
1200 *Sue:* Yep ((P)) if you choose
1201 *Amanda:* ((Inaudible.))
1202 *Sue:* If you choose to eat in the toilet (*) you do so knowing all the
1203 risks: that [go with your health: (*) and eating in the toilet.
1204 *?:* [[[Inaudible.]]]
1205 *Sue:* however: (*) em: ((P)) I don't think anyone is suggesting that Jane
1206 do that.
1207 *Linda:* No ((P)).
1208 *Sue:* But em:: =
1209 *Linda:* = because I was asked the same questions =
1210 *Sue:* = But Jane can't
1211 Do that=
1212 *Linda:* = Don't you sit and eat your meal at the table every night and
1213 I said no funny enough I don't. I have been known to yes eat my
1214 meal at the table. I've been known to eat my meal in my bed.
1215 *Sue:* Mmhm.
1216 *Linda:* I've been known to eat my meal on my lap in front of the TV in the
1217 lounge.
1218 *Sue:* Mmhm=
1219 *Linda:* = in the dining room, in the kitchen =
1220 *Sue:* = M-.
1221 *Linda:* Outside on the back doorstep these days quite regular.
1222 *Sue:* Mmhm.

1223 *Linda:* Em: the only place that I don't eat my meal where is absolutely
 1224 obnoxious ((P)) like the toilet and the bathroom.
 1225 *?:* Yeah.
 1226 *Linda:* There the only two rooms in the house I don't.
 1227 *Sue:* But you also:: [I image.
 1228 *Linda:* [I'm ((inaduble)) also fairly a::vera::ge [per]son.
 1229 *Sue:* [Yeah.]
 1230 *Sue:* That's ok, that's cool em: I image that you don't eat: outside or on the
 1231 doorstep in the middle of winter.
 1232 *Linda:* Have been known to yes.
 1233 *Sue:* Mmhm.
 1234 *Linda:* Yeah we do having a barbeque and sit out on the back doorstep with our
 1235 coats on I actually ((laughter)) I know it's silly but it's true.
 1236 *Gail:* I bit of a fool but.
 1237 *Linda:* It's true, you know Whisky Bay, yeah.
 1238 *Sue:* Yeah.
 1239 *Gail:* Why could, why should Jane.
 1240 *Barry:* [Does.]
 1241 *Gail:* [Why does Jane.]
 1242 ((P))
 1243 Ok what say ((P)) her meal served every, every meal was served, every
 1244 day, every meal out-out on the back veranda Jane and ((P)) sat out there
 1245 for every meal.
 1246 ((P))
 1247 *Sue:* Em: (*) my concern about that is that Jane would then mover her she
 1248 would pick up her chair in the hall, and take it out and put it on the
 1249 veranda if every meal was severed out on the veranda.
 1250 *Gail:* Ok.
 1251 *Sue:* We would be back were we [eighteen months ago.]
 1252 *Gail:* [No my point] was she probably eat every
 1253 meal.
 1254 ((P))
 1255 *Sue:* Oh (*) and that's probably correct ((P)) yeah-but em::
 1256 *Gail:* No.
 1257 *Sue:* But we can't go back to that.
 1258 *Gail:* No but what I am saying she probably would.
 1259 *Sue:* Yeah (*) yeah.
 1260 *Barry:* [Is this.]
 1261 *Sue:* Em-however.
 1262 ((P))
 1263 *Sue:* [However] she is able to make choices about where she eat ((P))
 1264 *Barry:* [Is this sorry.]
 1265 *Sue:* = And I
 1266 guess we need to be in a position to:: ((P)) put some-some parameters
 1267 around that so we don't end with Jane just eating in the hall or just eating

1268 in the ((P)) em, on the veranda and spending all of the time in those
1269 positions.
1270 *Gail:* When Jane went to the veranda ((P)) she was put into a very comfortable
1271 chair and then environment was made.
1272 ((P))
1273 *Linda:* Quite (reasonable.)
1274 *Gail:* Very acceptable.
1275 *Linda:* (Mmhm, quite acceptable, yeah.)
1276 *Sue:* I-I-I hear what you are saying:, but (*) I know (*) Jane has:: (*)
1277 got stuck in some positions very un[comfortable chairs=
1278 *Gail:* [Ok
1279 *Sue:* =And em ((laughs))
1280 the [comfort of the chair hasn't really entered into it.]
1281 *Gail:* [That is what I thought, that's what I asking], that's what I was asking
1282 *Sue:* yeah-ok-yeah-ok.
1283 *Barry:* Has-has Jane ever eaten at the dining table in the house? I mean she eats
1284 out else where at tables why- [why not.
1285 *Gail:* [Yes.
1286 *Sue:* Mm, all right.
1287 *Barry:* So why-why-why not =
1288 *Linda:* = For years yeah.
1289 *Sue:* When:: lets think about those times. When she used to (*) to eat
1290 dining table ((P)) where did she sit. [Where
1291 *Linda:* [The chairs here ((bang)) the chair is
1292 here, she's [got the footstool] here =
1293 *Gail:* [the one with the.]
1294 *Barry:* = No-no I mean without the stable
1295 [table and the footstool just at the table.
1296 *Gail:* [No.
1297 *Gail:* In a restaurant.
1298 *Barry:* Easy yeah.
1299 *Linda:* Oh yeah.
1300 *Gail:* In a restaurant =
1301 *Linda:* = Well =
1302 *Gail:* = In parks. ((P)) [She] actually sits.
1303 *Linda:* [Yeah.]
1304 *Barry:* When she goes out she does, w[hy]-why [doesn't she at home.]
1305 *Linda:* [Yeah.]
1306 *Gail:* [Does the table::.]
1307 *Linda:* Well at home, she [seems to] have to have.
1308 *Gail:* [Why so.]
1309 *Sue:* Yeah and she'll sits, if it is a long table she always: (*) positions herself at
1310 the end.
1311 *Linda:* No.
1312 *Gail:* Na,
1313 *Sue:* Mm, ok.

1314 *Linda:* Anywhere.
 1315 *James:* ((voice of James))
 1316 *Interpreter:* On Tuesday I believe that s:::he sits at the dining table.
 1317 *Sue:* On Tuesday.
 1318 *James:* ((voice of James))
 1319 *Interpreter:* Oh sorry that's my °go °.
 1320 *Linda:* Yeah.
 1321 *Interpreter:* Jane.
 1322 *James:* (I agree what you are saying.)
 1323 *Interpreter:* I agree yeah that what you are saying Jane, eats and decides where si-
 1324 where she sits at the table.
 1325 *Sue:* Yep.
 1326 *Interpreter:* At-at the house [yep.]
 1327 *Sue:* [yep.] ((P)) ok.
 1328 *Interpreter:* All right.
 1329 *Barry:* I mean if you could position the table, so she was sitting maybe looking at
 1330 the window or something like that.
 1331 *?:* Yeah-Yeah.
 1332 *Gail:* But then you have to move all the other clients.
 1333 *Barry:* I know would, yeah-yeah [well.]
 1334 *Gail:* ((Getting really.))
 1335 *Sue:* You're getting, you're getting different problems =
 1336 *Barry:* = I know=
 1337 *Sue:* =with that too.
 1338 ((Sue laughs.))
 1339 *Gail:* It-that, it-it-it may work too. I mean that's the thing a lot of things may
 1340 work but.
 1341 *Sue:* Mmhm.
 1342 *Gail:* Because there is a whole array.
 1343 *Barry:* Mm.
 1344 *Gail:* Of things to take in to consideration. =
 1345 *?:* = Yeah =
 1346 *Gail:* = That's =
 1347 *Barry:* = There has been a lot
 1348 of other furniture.
 1349 *Gail:* Oh yes =
 1350 *?:* = Mm.
 1351 *Sue:* ((Giggles.))
 1352 *Gail:* [Arh, oh yeah the houses (burnt) yeah.
 1353 *Barry:* [and done a lot of damage and people have adapted.
 1354 *Linda:* We've just been so conscious not to disadvantage any of the other clients
 1355 and em ((P)) we're ((P)) meaning ((the day support service is named)).
 1356 *Sue:* Mmhm.
 1357 *Linda:* Em ((P)) yeah.
 1358 *?:* Mm.
 1359 *Linda:* (Far as I know.)

1360 *Gail:* You do realise how much the house has been changed
 1361 ((P))
 1362 *Sue:* And-and the change has been around Jane and not the other householders.
 1363 ((P))
 1364 *?:* Mm=
 1365 *Sue:* =Is that right?
 1366 ((P))
 1367 *Gail:* Yeah, I mean the-the-the em: ((P)) the lounge ((P)) as in the sitting, the
 1368 three seater, underneath the window used to be over in the far corner
 1369 where the bed is now.
 1370 ((P))
 1371 *Barry:* Isabelle uses to sit in the hallway
 1372 *Carolyn:* with the radio on =
 1373 *Gail:* = Isa[belle] and Greg [use to sit] with the radio on.
 1374 *Linda:* [and Greg.]
 1375 *Barry:* [And Greg.]
 1376 *Carolyn:* Mattress and th[ings.]
 1377 *Gail:* [The're used to not be a music machine in the lounge
 1378 area and Nicola uses to:: ((P)) Nicola likes solitude in the afternoon (*) put
 1379 the fert up =
 1380 *?:* =Mm=
 1381 *?:* =Mm=
 1382 *Gail:* = Don't we all.
 1383 *Linda:* Isabelle can [be pretty shirty actually when it comes (butch-poochm so.)
 1384 *?:* Em.
 1385 *Gail:* Yeah very [(*) very lots of changes.
 1386 *Linda:* [(Uncompromising.)
 1387 ((P))
 1388 *Linda:* I did three rounds with Isabelle yesterday [she just want's =
 1389 *Gail:* [Yeah.
 1390 *Linda:* = To sit in the
 1391 hallway, she wanted to go[around to her place, she's been out]stared:::
 1392 *Gail:* [she can never place she can never.]
 1393 *Gail:* She can never find [her spot.]
 1394 *Barry:* [James had the] same today.
 1395 *?:* Yeah.
 1396 *Linda:* She wan[ts to =
 1397 *?:* [Yeah.
 1398 *Linda:* = go back to where.
 1399 She-she [always sat 'nd rocked 'nd (*) that.] She can't sorry.
 1400 *Gail:* [She's not she's always been there.]
 1401 *Gail:* She's got no chair either. Even though the chair ((P)) her chair=
 1402 =As in [the green chair.]
 1403 *Linda:* [In the lounge.]=
 1404 *Gail:* =In the lounge
 1405 *Linda:* She'll [also so.

1406 *Gail:* [Sometimes that's: ((P)) on the veranda =
 1407 *Linda:* = Yeah.
 1408 *Gail:* Isabelle at the moment has got no idea where she [has gone]
 1409 *Linda:* [She-s:::he] doesn't feel
 1410 [that she belongs anywhere.]
 1411 *Gail:* [She has got no idea] where she belongs, she gone
 1412 *Linda:* Na-na where Jane sits now is where Isabelle used to sit, in the beautiful
 1413 lounge (*) chair with a sheep skin, music box just there big basket of toys
 1414 Hoowl. Greg used to lay on his mattress you had to duck ((laughter)) at
 1415 the toys flying =
 1416 *Gail:* = And =
 1417 *Linda:* = And they both loved music up loud
 1418 *Gail:* Because Greg has a hearing pro[blem]and of course =
 1419 *Linda:* [But em.]
 1420 *Gail:* = That made it ((P))
 1421 that the hallway [((inaudible))]
 1422 *Linda:* [Has beautiful acoustics yeah,[especially his classical
 1423 music =
 1424 *Gail:* =Yeah =
 1425 *Linda:* = But I mean they have been affected as in, they're OUT
 1426 because Jane is in, °you see°. So everybody is upset =
 1427 *Gail:* = Everybody=
 1428 *Linda:* = Everybody is upset. ((P)) It's absolute shambles.
 1429 *Sue:* Mm-mm.
 1430 *Linda:* °For nothing°. I see no reason at all ((P)) personally.
 1431 ?: Mm
 1432 *Linda:* The boss has tried to explain it to me on several occasions. [It does not]=
 1433 ?: [Is it just me]
 1434 *Linda:* = Like what I see.
 1435 *Sue:* Ok
 1436 *Linda:* What I hear what I feel. It doesn't.
 1437 *Gail:* It's really hard to try and work through the system here.
 1438 *Sue:* Yeah.
 1439 *Linda:* Because it goes against everything I was taught, everything.
 1440 *Gail:* Well it does =
 1441 *Linda:* = What we are doing, my boss is the biggest hypocritic at the
 1442 moment.
 1443 *Sue:* If you were to make some changes ((P)) to::: ((P)) em: what is happening
 1444 at the moment, what would you do?
 1445 *Linda:* I would ask you that ((P)) because.
 1446 ((P))

 1447 *Gail:* Em.
 1448 *Linda:* We can't go back to the way it was an' just think everything is going to be
 1449 Ok because ((P)) everybody has been through too much. ((P)) Jane, all the
 1450 other clients in the house, us as workers =
 1451 ?: =Em =

1452 *Linda:* = Wher-everything has
1453 changed (*) we now have to ask you to help us to better it. Because you
1454 can't just ouster the bed and put the couch back, put Jane's couch back,
1455 put Isabelle and Greg back in the hall just change everything back the way
1456 it was that day in June, and expect everything will just go back the way it
1457 was because it just won't.
1458 *Sue:* Em.
1459 *Linda:* It's too late.
1460 *Gail:* Because we, yeah, we are very aware of ((P)) change in the environment
1461 or something (*) and the consequences of [the same.
1462 *Linda:* [Yeah
1463 *Gail:* I mean we can't put in an environment and try something and say this isn't
1464 working we have got to be absolutely so specific in what we're doing.
1465 *Sue:* Mmhm.
1466 *Gail:* That it is going to work and. And find out all the consequences around the
1467 whole thing ((P)) for everybody.
1468 *Sue:* Yep.
1469 *Gail:* Em::: we can't just rush, then ((we'll)) repair it.
1470 *Sue:* Yep.
1471 *Gail:* I'm sorry that's =
1472 *Sue:* =That's fair enough.
1473 *Gail:* Very strong.
1474 *Sue:* Yep, that's fair enough.
1475 *Gail:* We don't have answers.
1476 *Linda:* No we don't.
1477 *Gail:* We have a few suggestions, but we don't have the answers.
1478 *Sue:* All right ((P)) the suggestions are what I would like to hear because you'll
1479 actually have a lot of knowledge of Jane ((P)) both current and ((P)) in the
1480 last (*) you know, ((go)), we going back five years. And I think that is the
1481 really important stuff and I don't want to lose it (*) by coming in and
1482 making some recommendations then immediately you'll say 'Oh well you
1483 know what a loud of crap and why did we ask the ((professional)) team to
1484 come in'. Em I want to avoid that as much as possible (laugh).
1485 *Gail:* I think at the moment we know Jane wants to eat. We know Jane is
1486 capable of eating.
1487 ((P))
1488 I suppose is the first thing (*) and-and (*) her swallowing I mean (*) we
1489 know that she wants to eat ((P)) and that is quite obvious.
1490 ((P))
1491 *Linda:* And that she is capable of making a choice: ((P)) about it ((P))
1492 *Gail:* I mean even-
1493 *Sue:* I-I::: of what she eats or where she eats=
1494 = or ever[ything to do] with? or that stuff.
1495 *Linda:* [Where she eats]?
1496 *Gail:* [Where she eats]
1497 *Barry:* [Where she eats], where she eats

1498 *Linda:* And what she eats because (0.2) we still offer a choice on drinks but these
1499 days she is very reluctant to tell you which she wants, she used to always
1500 tell us what she wants =
1501 *Gail:* = She used to touch the item.
1502 *Linda:* Orange juice, milk 'which one do you want Jane?' I'll have the orange
1503 juice.' 'Are you sure you want the orange juice?' 'I'll have the orange
1504 juice, thank you very much for trying to trick me.' Yeah.
1505 *Sue:* Mmhm.
1506 *Linda:* Not anymore.
1507 *Gail:* No-no, we don't get that [decisions ((anymore.))]
1508 *Linda:* [She is far to upset about everything.
1509 *Gail:* I mean to put the environment back like it was which means ((P)) couch
1510 etc (*) the couch::, the wall unit to where it was, the couch in the corner
1511 (*) had the little table there on the wheels::, and ((P)) then the couch for
1512 Jane, but the couch for Jane has to go and you know those reasons ((P))
1513 em:: Nicola in the other.
1514 *Linda:* Chair.
1515 *Gail:* Chair.
1516 *Linda:* Where she sits now.
1517 *Sue:* Mmhm.
1518 ((P))
1519 So you want to limit the impact on ((P)) all the other ((P)) people
1520 *Linda:* That's the way it is [I suppose.]
1521 *Gail:* [Well] we have to. ((P)) I think ((P)) I'm sure.
1522 *Linda:* Well it impacted too much last time.
1523 *Gail:* Yeah (*) yeah.
1524 *Linda:* (I don't think that they desired it) ((inaudible)).
1525 *Gail:* The whole ((P)) they have a right to em ((P)) to the whole issue too.
1526 *Sue:* Mmhm.
1527 *Gail:* We have to take the whole picture.
1528 *Sue:* Mmhm.
1529 ((P))
1530 ?: It's their house as well.
1531 *Linda:* Yeah (*) very much so.
1532 *Gail:* Yeah of course it is, of course it is.
1533 *Linda:* That's just it, it is their house.
1534 *Gail:* And we have to think also of winter coming on.
1535 *Sue:* Mmhm.
1536 ((P))
1537 *Gail:* Of course.
1538 *Linda:* We don't want to put Jane back outside or.
1539 Isabelle or Greg. [We don't want any of them back out there].
1540 *Gail:* [We have to] really think. So we have got a lounge with
1541 ((P)) three clients that will be inside in winter, in that lounge are if you
1542 like ((P)) so we really have to think ((P)) about weather conditions coming
1543 up ((P)) for all their healths.

1544 Sue: Mmhm.
 1545 Amanda: I'm so sorry. ((Re-entering the room.))
 1546 Gail: Maybe we need to put em get-get some chairs like one at Cannington or-or
 1547 have a lend of them. ((P)) Put one, this is just a rough, the-the
 1548 ((inaudible)) we'll play around, put a chair maybe in the li:- in the dining
 1549 room, where the couch is now: one over where she used to sit ((P)) so she
 1550 has a choice where she may want to sit if she does come through.
 1551 Sue: Mmhm-mmhm.
 1552 Gail: But what do we do with the other clients.
 1553 ((Knock at the door))
 1554 Sue: ((Laughs))
 1555 Amanda: Oh.
 1556 Gail: If she.
 1557 Sue: You're not going out again are you?
 1558 Amanda: I am
 1559 Gail: If she is still in the hallway.
 1560 Linda: There is no tape [where is the tape.
 1561 Gail: [And she (*)] going to start to come through to the lounge
 1562 ((P)) can we re-establish the clients back in the hallway: and Jane may
 1563 choose to go back, see we have got to be so careful.
 1564 Sue: Mmhm-mmhm.
 1565 Gail: That-that's the kind of thing I'm playing around with ((in breath)) and
 1566 that's all it is playing around with.
 1567 Sue: Mmhm.
 1568 Linda: And I think that is what didn't happen before. No[body had =
 1569 Gail: [no.
 1570 Linda: = Their
 1571 feelers out, nobody was being careful everyone just went. ((Slaps hand.))
 1572 cubumber this is what we want =
 1573 Gail: =It was not discussed. [(It was on the
 1574 paper.)
 1575 Linda: [It was on paper] it
 1576 Was presented to us, 'now you dot your eyes cross your tees you do
 1577 everything as it says'. ((P)) But nobody was being careful, nobody was
 1578 being sensitive, nobody was actually feeling the way.
 1579 Sue: Mmhm.
 1580 Gail: Consequences of their actions.
 1581 Linda: And not thinking of consequences so if, maybe not going according to
 1582 plan.
 1583 Amanda: No all that we were told Jane has to be sit in the kitchen and that's it
 1584 Linda: You know what I mean ((inaudible)).
 1585 Amanda: No discussion =
 1586 ?: = No.
 1587 Linda: LETS be more sensitive let us know what you are dealing with here.
 1588 Amanda: I think we didn't do it for about 2 days.
 1589 ((P))

1590 *Amanda:* It hadn't been explained.
 1591 *Gail:* Well we thought the intervention hadn't ((inaudible)).
 1592 *Amanda:* Yeah.
 1593 *Linda:* Yeah well it had.
 1594 *Amanda:* It had.
 1595 *Linda:* So we had told.
 1596 *Amanda:* I actually questioned it.
 1597 *Linda:* (But it) still going on.
 1598 *Gail:* Jane at that stage ((P)) was sitting up against the wall in the hallway. ((P))
 1599 If you put another chair ((P)) in the corner ((P)) of the kitchen door.
 1600 *Sue:* Mmhm.
 1601 *Gail:* In that corner area ((P)) with her footstool.
 1602 *Sue:* Mmhm.
 1603 ((P))
 1604 *Gail:* She would get up from there ((P)) come across ((P)) stable table on here
 1605 mat ((P)) apron on ((P)) eat a meal ((P)) quite calmly.
 1606 ((P))
 1607 *Sue:* Mmhm.
 1608 *Gail:* Have a drink (*) take the apron off and she'll would go back ((P)) to the
 1609 hallway.
 1610 *Linda:* She: -
 1611 *Gail:* So we had a sitting chair if you like and an eating chair.
 1612 *Sue:* Yep-yep.
 1613 *Amanda:* We thought we might move it ((P)) closer and closer as time went on, but
 1614 that kind of.
 1615 *Gail:* No-well.
 1616 *Linda:* Because we are all too aware that if Jane could, she would sit and eat and
 1617 sleep, do everything in the one place.
 1618 *Gail:* Oh.
 1619 *?:* Mm.
 1620 *Amanda:* We know that.
 1621 *Gail:* Which we =
 1622 *Linda:* = So we wanted a different eating-place to-her, to-her sitting-
 1623 place a least she gets a bit of movement, you know. She goes out during
 1624 the day and stuff, but yes so her that whole life isn't, doesn't revolve
 1625 around the one ((P)) squ:-cubic square.
 1626 *?:* Yeah.
 1627 *Sue:* I like that idea of an eating chair: because then, the eating chair can move.
 1628 ((P))
 1629 *Gail:* Of course it ca-, yeah-y-yeah.
 1630 *Sue:* And we can set some parameters [up around.]
 1631 *Gail:* A[nd also because its was happening:: She
 1632 did not move, ((P)) let me say sitting chair, ((P)) she didn't move from the
 1633 wall, which meant she still looked through somehow.
 1634 *Sue:* Mmhm.
 1635 ((P))

1636 *Gail:* That didn't move.
 1637 *Sue:* Mmhm.
 1638 ((P))
 1639 *Gail:* At the moment, I noticed ((P)) the plastic mat was put in place at that
 1640 wall under the chair (*) when the strategy first started in the first few days
 1641 that has been moved over ((P)) closer to the kitchen door.
 1642 *Sue:* Mmhm.
 1643 ((P))
 1644 *Gail:* Where she has chosen to take her chair.
 1645 ((P))
 1646 We don't have the answers.
 1647 *Sue:* Mmhm.
 1648 *Gail:* But ((P)) we can play around with ideas.
 1649 *Linda:* Yep.
 1650 *Sue:* Em-
 1651 *Gail:* But we really do have to, we feel that we really do have to every other
 1652 client into consideration, yeah em: yeah.
 1653 *Sue:* And the other thing, that we do know is-is (*) is (*) if you haven't quite
 1654 hit it on the head, as to what ((P)) for the reason for the behaviour is (*)
 1655 then it will just change ((P)) and a different behaviour will re-emerge.
 1656 ?: Y e[a]h.
 1657 *Sue:* [S]O you might squash one behaviour but the ((P)) if you haven't dealt
 1658 with purpose of the behaviour properly ((P)) then it will re-emerge in
 1659 another way, and that's what looks like happening. So as at a very
 1660 simplistic level (*) yeah we ((P)) work- we worked out a way of getting
 1661 Jane out.
 1662 *Linda:* Inside.
 1663 *Sue:* Of the veranda and inside to, inside to the house. So it worked really well
 1664 at that level, but at another level it's: (*) hasn't worked because now the
 1665 behaviours have re-emerging.
 1666 *Gail:* I mean it [really upset us] in:: (*) having a person =
 1667 *Sue:* [in different ways.]
 1668 *Gail:* = run around the
 1669 hous::e (*) and grab their food on the way.
 1670 *Sue:* Mm (*) mm.
 1671 ((P))
 1672 *Linda:* Totally impacts on us all, I do[n't think any]one in this =
 1673 *Gail:* [Huge impact.]
 1674 *Linda:* =Room hasn't
 1675 had an impact on.
 1676 *Barry:* No-no-no.
 1677 ((P))
 1678 *Gail:* It has had a (*) huge impact.
 1679 *Sue:* Mm (*) mm.
 1680 ((P))

1681 Sue: Em: ((P)) are there snacks readily accessible throughout the day for ((P))
 1682 these guys?
 1683 ((P))
 1684 Gail: Morning tea, afternoon tea =
 1685 Sue: = We[ll (*)] No I'm just[thinking is=
 1686 Gail: [Drinks:..] [Oh.]
 1687 Sue: = There
 1688 food readily accessible. I mean=
 1689 Gail: = No =
 1690 Sue: = When ((laughs)) I think about my
 1691 household, I don't know about your household, When I feel like
 1692 something to eat I go to the cupboard ((P)) and get [it out] or if =
 1693 Gail: [No
 1694 Sue: =In-in
 1695 regards to other family members who might not be able to work out how
 1696 do that ((P)) em: ((P)) you know there is food available for them to ((P))
 1697 go and [get]
 1698 Linda: [Na] =
 1699 Amanda: =No they are [always too afraid:] that Nicola would =
 1700 Sue: [fruit ((P)) in a bowl or.] =Well=
 1701 Amanda: = eat too much.
 1702 Barry: ((Inaudible)) the biscuits. Nicola goes through biscuits.
 1703 Gail: Nicola helps herself to biscuits out the cupboard but that has only started
 1704 ((P)) lately.
 1705 Linda: If she expresses a real desire for something to nibble ((P)) we wouldn't
 1706 deny her [bickie] and cheese or: something thing small:: =
 1707 Gail: [Oh no.]
 1708 Linda: = and (*) and
 1709 something but enough (*) with a cup of tea (*) and then obviously it gets
 1710 offered around ((P)) You know, Nicola's not the only one.
 1711 Sue: mm-mm
 1712 Linda: That's allowed to have it, you know.
 1713 ?: Yeah.
 1714 Sue: I-i::s there a bowl of fruit.
 1715 Amanda: It's not so often ((inaudible)).
 1716 Linda: That doesn't often happen here.
 1717 Gail: There is a bowl of fruit over on the:::..
 1718 Amanda: Micro-wave.
 1719 Gail: Microwave ((P)) em, over that [end
 1720 Linda: [Stove].
 1721 Gail: Stove.
 1722 ?: Yeah-yeah.
 1723 Linda: It's on top of the oven.
 1724 ?: Yeah.
 1725 ((P))
 1726 Sue: Ok.

1727 *Linda:* It used to be.
 1728 *Barry:* They were going to move it [because of the.]
 1729 *Gail:* [NO see moved [because.]
 1730 *Barry:* [Then it's] gone back again I
 1731 think.
 1732 *Gail:* It's gone back again.
 1733 *Barry:* It was moved on to the bench.
 1734 *Gail:* Well a certainly lady [might]
 1735 *Barry:* [Because] of the heat.
 1736 and the [things from the stove.]
 1737 *Gail:* [Well a certainly lady] have put it back there to.
 1738 *Barry:* It was returned there over I think to the stove.
 1739 *Linda:* Yeah (*) yeah Nicola would have put it back creature [of habit
 1740 *Sue:* [((Laughs)) She
 1741 would have ((P)) °Ok° but the people who live in the house don't actual
 1742 (*) go and get [a piece of fruit or.]
 1743 *Gail:* [No-no-no.]
 1744 *Sue:* Some people living there can't do that but.
 1745 *Gail:* Yes.
 1746 *Linda:* But there is morning tea, afternoon tea and lunch hour.
 1747 *?:* Yeah.
 1748 *Sue:* Mm.
 1749 *?:* Yeah.
 1750 *Linda:* (On around) the clock almost
 1751 ((P))
 1752 *Sue:* Ok ((P)) what time do you guys mostly (*) need to finish your day.
 1753 ((Laughs.))
 1754 *Gail:* Oh no.
 1755 *Sue:* It's nearly five
 1756 *Gail:* Oh::
 1757 *Sue:* [((Laughs.))]
 1758 *Amanda:* [((Inaudible.))]
 1759 *Gail:* [((Inaudible.))]
 1760 *Sue:* That went quick didn't it.
 1761 *Gail:* It did ((P)) but I think we've (*) em. No its been interesting.
 1762 *?:* [Mm.
 1763 *?:* [Mm.
 1764 ((P))
 1765 *?:* Mm.
 1766 *Sue:* All right.
 1767 *Amanda:* I did have a list of all the areas that I typed up for you ((P)) ha (*) but they
 1768 have disconnected everything in my office.
 1769 *Sue:* Oh it's ok.
 1770 *Amanda:* Em: ((P)) yeah so really I can fax that through to you tomorrow when I
 1771 can get everything plugged back in ((laughs)).
 1772 *Sue:* Yeah.

1773 *Amanda:* I put it by the door and it was all there ready =
 1774 *Linda:* = So you are spending a
 1775 couple of days:: with Jane is that ((the idea)) right:
 1776 *Sue:* I'm-I'm isiting Jane ((P)) both during the day (*) and during the afternoon.
 1777 I want to com:e, I think I've got a ((P)) a time where she is out.
 1778 *Gail:* Thursday.
 1779 *Sue:* So (on), yeah ((P)) and catch up [with her
 1780 *Amanda:* [[[When]]] wait to you catch her at
 1781 breakfast [and dinner.]
 1782 *Sue:* [Yeah, I'm doing breakfast] with the:: ((P)) I'm doing =
 1783 ?:: = Is it breakfast next week.
 1784 *Sue:* Em.:
 1785 *Linda:* Next week?
 1786 ((P))
 1787 *Sue:* Yeah next week will[be breakfast: ((P)) and:: so =
 1788 *Amanda:* [Right.
 1789 *Sue:* = I'll probably catch:::
 1790 you guys as you start.
 1791 *Gail:* Are you doing dinners at night? [You don't work that long].
 1792 *Sue:* [Ar::::::::::::::::::] I ha:::, well
 1793 I'm led to believe she has dinner at sor:::t of seven thirty eight a clock at
 1794 night.
 1795 ((P))
 1796 And that is why I haven't made any times, for dinner ((P)) at this point in
 1797 time.
 1798 *Amanda:* (Do think they would make it early for once though, ha-)((inaudible))
 1799 *Linda:* I don't think she eats that late but anyway.
 1800 *Sue:* Yeah ((P)) so at least I'll get the breakfast and I'll see some lunches and
 1801 see her out ((P)) and if you guys want to create a barbeque in backyard for
 1802 lunch: then (*) well I'm quite happy to have a look at that ((Laughs)).
 1803 *Barry:* ((Laughs.))
 1804 *Linda:* Well Jane gets to eat, yes.
 1805 *Gail:* So your-you'll coming out on a Thursday to outing with us which Pete-
 1806 Pete-Peter.
 1807 *Amanda:* ((Inaudible.))
 1808 *Gail:* Is that will all day outing with us (*) or.
 1809 *Sue:* I'm-I can't afford to spend a whole day with [you.
 1810 *Gail:* [Right, you'll met see us in a
 1811 park.
 1812 *Amanda:* The memorial park is probably not a good idea in Richmond em:: it might
 1813 have to be a little bit close ((P)) because some of them are quite away-
 1814 [away.]
 1815 *Sue:* [That's fine.]
 1816 *Gail:* Yeah, well, that's why we have those outings ((laughs)).
 1817 *Amanda:* Well, but I mean for this purpose.
 1818 *Gail:* No-yeah well (*) [that's what I was wondering.]

1819 Sue: [But, well ther:::e], in terms for me going to
 1820 Richmond, it's no different to me coming here.
 1821 Linda: Oh-really.
 1822 ((P))
 1823 Sue: Well not here, as here, as in her (*) coming to home, to her home. In
 1824 Liverpool =
 1825 Gail: = Oh [that's true.]
 1826 Sue: [There's no difference.]
 1827 Linda: Ok =
 1828 Sue: = You know there just as far as part. [I'm in the middle.
 1829 Gail: [Yeah that's true.
 1830 ((P))
 1831 Gail: That's true.
 1832 Linda: °There's no difference. °
 1833 Amanda: You'll need ar:: em: a list that (° where everyone is °).
 1834 Sue: Yeah ((P)) So I'll meet you [wherever].
 1835 Amanda: [((° My computer °) is unplugged
 1836 Sue: You are having lunch.
 1837 Gail: So can you still find that list in your office.
 1838 Amanda: I'v::e type it all up. It's on a computer ((P)) don't worry they've
 1839 unplugged everything on me (laughs) so I have till wait to somebody can
 1840 put it back.
 1841 Linda: °What time do have to picking up Jill up. °
 1842 Sue: Ok (*) thank you very much for em:: all that ((P)) information its been
 1843 really-really useful ((P)) really helpful.
 1844 Gail: We wants the best for ((P)) Jane of course ((P)) and all clients.
 1845 ((P))
 1846 Linda: Won't it be nice to see her happy again[and know that she is =
 1847 James: [it would.
 1848 Linda: = Happy and
 1849 not happy people say 'Arr she is happy'. She's dame well not, rubbish,
 1850 absolute garbage. Like you said, amongst us here we have ten years with
 1851 Jane.
 1852 ?: Yeah.
 1853 ?: Yeah.
 1854 ((P))
 1855 Sue: That's right.
 1856 Linda: And Gail four days a week, five days to start with for four or five year.
 1857 Sue: Yeah.
 1858 Amanda: It is a little bit like ((P)) banging you head against a brick wall too.
 1859 Linda: That is exactly what we have been doing.
 1860 Amanda: Over and over and over.
 1861 ((P))
 1862 Sue: Yeah=
 1863 Amanda: =And over.

1864 *Gail:* But ((P)) yeah we-we could see ((P)) Jane wants to eat of cours-of you
 1865 know.
 1866 ((A claps of hands.))
 1867 *Sue:* Yeah.
 1868 *Gail:* But quite.
 1869 ((P))
 1870 *Sue:* Not on [not on the current conditions.
 1871 *Gail:* [I can't do anything about it. Please Amanda ((P)) could I please
 1872 take her out. [Please ((inaudible))].
 1873 *Amanda:* [[[Inaudible]]] get into trouble again. (The trouble is?)
 1874 *Gail:* [Please.
 1875 *Amanda:* [Please.
 1876 *Sue:* Take her out to a couple of cafés.
 1877 *Linda:* If she doesn't eat for a couple of days you got to be so careful what-what
 1878 you offer her. Because if you give her something rich it's going to stuff
 1879 up her stomach so much.
 1880 *?:* Mmhm.
 1881 *Amanda:* She has actually vomited a couple of times =
 1882 *Linda:* =Yeah::::.
 1883 *Gail:* She has.
 1884 *Linda:* She-she doesn't normally (0.5) vomit.
 1885 *Gail:* She has.
 1886 (1.0)
 1887 *Sue:* So does she vomit (0.6) like because she eats heaps and heaps or because
 1888 its too rich or =
 1889 *Linda:* = Bo[th I think.]
 1890 *Sue:* [Which do] you think?=
 1891 *Linda:* =It's just too much for the
 1892 stomach. I don't think anybody is thinking about that what is going on in
 1893 here =
 1894 *Sue:* = Yeah=
 1895 *Linda:* = The da[mage] that is going on in [here] =
 1896 *Sue:* [Yeah.] [Yeah.]
 1897 *Linda:* = Because those
 1898 who often want to eat diet you know. ((Spoke in an English upper class accent)).
 1899 *Gail:* Because we have found that even with her drinks: even though Jane has
 1900 always drink quite fast (1.1) even now it's: (1.2) she'll hold it and
 1901 quite firm.
 1902 *Sue:* Mmhm.
 1903 (1.0)
 1904 *Gail:* And you can see the pour [everythin's:.
 1905 *Linda:* [She doesn't] chew. She doesn't chew,
 1906 everything goes down whole, she just goes ug-ug-ug-ug it just goes down
 1907 whole. She doesn't chew (1.1) because it's too busy shovelling it in.
 1908 *?:* Yeah=
 1909 *Gail:* = 'I've got food, let me get it.'

1910 Linda: Yep.
 1911 Sue: Some of, some of those are old (0.7) in[stitutional] behaviours=
 1912 Gail: [° Yes°=
 1913 Amanda: =° For sure°.]
 1914 Sue: =[(Ones she had before.)]
 1915 Linda: [But one's that] she had actually [managed] to get rid of =
 1916 Sue: [Got rid of.] =Yep.
 1917 Linda: Now, they have re, they (*) who (*) ever, have re-instated them (0.5) and
 1918 that's really sad that she has gone down hill.
 1919 Gail: We have gone backwards.
 1920 Linda: Yep.
 1921 (*)
 1922 Linda: °° Because of someone's else (incompetence). °°
 1923 Gail: Which is really sad.
 1924 Linda: ° All those years of hard work. °
 1925 ? : Pardon
 1926 (1.9)
 1927 Linda: ° Gone backwards. °
 1928 Sue: Yep
 1929 Sue: Yep I've got a meeting with Residential Service, I've got some
 1930 observations to do ((P)) and then I'll will put some stuff together ((P)) em
 1931 now I'm wondering if it is worth while (*) me presenting ((P)) h-having
 1932 another discussion with you guys about those ideas before all gets
 1933 presented ((P)) You know.
 1934 Gail: That ((inaudible))
 1935 Amanda: That will be here you mean?
 1936 Gail: ((Inaudible.))
 1937 Amanda: Sorry ((laughs)).
 1938 Sue: When I'm a bit further-when I'm a bit further a long
 1939 putting the ideas together, regards s:trategies, I'm wondering if I need to
 1940 come [Back to you guys again] =
 1941 Amanda: [Yeah:: that would be great] =
 1942 Sue: =And say this is where I'm thinking of
 1943 heading:
 1944 ((P))
 1945 Ho[w does that sit with you guys=
 1946 Amanda: [That would be nice.]
 1947 ? : = Mm, that would be lovely =
 1948 Gail: =[That would be great=
 1949 Linda: = That would be really lovely=
 1950 Gail: =That would be really
 1951 something =
 1952 Amanda: = It will be all on paper and everything.
 1953 Carolyn: And plus if you have any questions you could explain them=
 1954 Linda: =Yep=
 1955 Carolyn: = You kno[w, the whys or =

1956 Sue: [Yeah.
 1957 Linda: =Because we haven't had the
 1958 opportunity you know (*) at least go through it.
 1959 ? : That would be excellent.
 1960 Barry: Dose the current strategy continues then (*) for this period of time?
 1961 Sue: I-I don't think will pull it out without having thought to what we're going
 1962 to put in. So, yeah [we're a bit stuck with it =
 1963 Amanda: [((Inaudible))] =Causes too much
 1964 confusion to [Jane and the whole ((Inaudible)).]
 1965 Barry: [Yep, I was just wondering.]
 1966 ? : Yeah.
 1967 Sue: The other op- the only option I can suggest at the moment ((P)) is that you
 1968 have lots of barbeques ((laughs)).
 1969 Amanda: Yeah.
 1970 Gail: In-in the back =
 1971 Sue: =WHILE THE WEATHER'S FINE =
 1972 Gail: =in the backyard ((P))
 1973 as well as out.
 1974 Sue: Well I don't have a problem with (*) I consider a backyard barbeque the
 1975 same as a-a picnic in the park.
 1976 Amanda: [Ok.
 1977 Gail: [Ok Jane may get used to ((P)) if we if we had 3 backyard barbeques
 1978 Sue: I'll-
 1979 Gail: Jane is going to be heading [outside.]
 1980 Amanda: [But every time we go off:::, off: say: ((P))
 1981 start having more barbeques or doing any (*) anything that's-that's not
 1982 ((P))
 1983 James: That's our fault that have broken the strategy=
 1984 Amanda: =Yeah then [((P)) all of a sudden] the strategies =
 1985 Sue: [or:::k]
 1986 Linda: = The strategy isn't
 1987 working because of you guys yeah.
 1988 ? : °° (So we have to stick to it) °°
 1989 Amanda: (So we're kind of ((laughs)) kind of cop it.)
 1990 Gail: Cautious
 1991 Linda: We dot our I's and cross our tee's and do all:: we can .
 1992 Sue: Ok ((P)) is [where some of the friction is.
 1993 Gail: [No.
 1994 ((P))
 1995 Gail: That's [why.
 1996 Sue: [But you guys would like to (*) go out and do ((P)) a whole heap
 1997 of different things with Jane and offer[her different eating] experiences
 1998 or?
 1999 Linda: [No we ((P)) we-we]
 2000 Gail: No ((P)) [sa]y.
 2001 Linda: We [Il:.]

2002 ((P))
 2003 *Gail:* Say [what you just said that we could have as many barbeques=
 2004 ?; [° no °.
 2005 *Gail:* = Say that
 2006 we decided, three nice days we'll have three barbeques in the backyard
 2007 *Amanda:* ((Inaudible.))
 2008 *Sue:* Yep =
 2009 *Gail:* = Or three picnics in the backyard.
 2010 *Amanda:* Where are we getting those strategy from? =
 2011 *Gail:* = All of a sudden (*) Jane:
 2012 ((P)) would be heading (*) to the backyard for her meal.
 2013 ((P))
 2014 *Linda:* Developing a new behaviour =
 2015 *Gail:* = New behaviour, very quickly, that quickly.
 2016 She would be, developing that habit in two days =
 2017 *Linda:* = She is a creature of
 2018 extreme [habit
 2019 *Sue:* [All right, then-then [we will HAVE TO] MAINTAIN =
 2020 *Gail:* [and we would be breaking.]
 2021 *Sue:* = The
 2022 programme the way it is at the moment. [If-if you feel that.]
 2023 *Gail:* [And then, it be seen] as:::
 2024 breaking the strategy ((P)) not doing the strate[gy ((inaudible))]
 2025 *Linda:* [AS MUCH AS IT HURTS
 2026 WE DO, DON'T WE] we really do ((P)) like we don't you know I mean,
 2027 I'm not going to =
 2028 *Amanda:* = So how many days do you go out and eat?
 2029 *Gail:* We go out Thursday a full day ((P)) out [and maybe] onc:::e a =
 2030 *Amanda:* [And any others.]
 2031 *Gail:* = Fortnight (*) we would =
 2032 *Amanda:* = Yeah=
 2033 *Gail:* = Have a barbeque in the backyard,
 2034 dependent on the weather.
 2035 *Amanda:* Yep with the weather wise [because it is still [get Ok, put one more in.
 2036 *Gail:* [Yeah [Yeah hm.
 2037 ((P))
 2038 *Linda:* Th[ere is probably] be one other[lunchtime (*) that we, that =
 2039 *Gail:* [Is that all right?] [Ok
 2040 *Linda:* = She may
 2041 have a picnic (*) out the back (*) or picnic in a park. So twice a week
 2042 maybe =
 2043 *Gail:* =Yeah.
 2044 *Barry:* Friday morning we may go to a café [or something like that] =
 2045 *Gail:* [Yeah-yeah Café.]
 2046 *Linda:* =Yeah =
 2047 *Barry:* =For a snack or something to eat.

2048 Sue: Ok ((P)) right.
 2049 Amanda: ((Inaudible.))
 2050 Linda: Because we realise that she errr: is a creature of extreme habit and that (*)
 2051 she's [only going] to confuse her: [And]-and we don't need that rubbish=
 2052 Gail: [That's right.] [Yeah.]
 2053 Linda: = Of being told that we're breaking strategies because we know that we're
 2054 not, but (0.4) just the thinking of Jane not confusing hear like Gail says.
 2055 She's going to start going out to the backyard and saying 'Righty-oh,
 2056 Where's me tea' =
 2057 Gail: = After about two days =
 2058 Sue: = Yeah, yeah, ok =
 2059 Linda: ='This is where [I feel I like to eat.']
 2060 Gail: ['If food out there], if I go out there I can eat.'
 2061 Amanda: Plus we get into big trouble ((laughs)).
 2062 Linda: Yeah=
 2063 Gail: = Big trouble, Yeah.
 2064 Linda: We don't want that you know we just want the control stopped I guess.
 2065 The way I feel like she's being stopped and being prevented holus-bolus
 2066 (*) from making a choice as't ((P)) where she likes to eat.
 2067 ?: Yeah.
 2068 Amanda: Because when it was first brought in at the strategy meeting and then ((P))
 2069 and it was agreed upon: ((P)) you [there-there] it was like (*) ok =
 2070 Gail: [It was for three days.]
 2071 Amanda: = Jane has to eat ((tap on table)) in the kitchen. We are going 'but why?', I
 2072 don't normally eat
 2073 in my kitchen [there was a few conflicting and even the] em: Sandra =
 2074 Sue: [Yeah-yeah-yeah-yep-yep]
 2075 Amanda: =Was saying 'Well ((P)) you know =
 2076 Gail: = And it was suppose [to be.
 2077 Amanda: [I eat in my
 2078 lounge.' But ((P)) it was like (*) Ok well if she decides to eat in the toilet
 2079 (*) can she?
 2080 No-no, [that's a health issue.
 2081 Amanda: [That's a different issue =
 2082 Sue: = Yeah -yeah- [yeah.
 2083 Linda: [That's health issues, he
 2084 wouldn't want to eat in a toilet, I'm telling you now she =
 2085 Sue: =IT'S TOO
 2086 SMALL.
 2087 ((Laughter))
 2088 Gail: I think that is great.
 2089 Gail: She does. Isn't it wonderful.
 2090 Linda: Yeah it's great.
 2091 Linda: I think that is great.
 2092 Sue: All right ((laughs)).
 2093 Linda: We have to go home.

2094 Sue: Yeah lets call it =
 2095 ? : = Finished =
 2096 Sue: =Finish.
 2097 Gail: Thanks very much for your help.
 2098 Sue: That's all right. See if we can't get something el-else happening.
 2099 Gail: Quickly ((laughs)).
 2100 Sue: Just keep the way it is for the moment.
 2101 Gail: Is that to go off or.
 2102 Barry: You can do that can you.
 2103 Gail: You can do that.
 2104 Sue: If you have got, you know what I mean, out on any extra day to the park
 2105 that is a different issue.
 2106 Gail: To the home.
 2107 Sue: As long as she doesn't develop an expectation that ((P)) you'll take her out
 2108 ((P)) to the park every-everyday.
 2109 Gail: Yes she would head for the van.
 2110 Amanda: Yes very easily she actual stamping her feat outside the (0.0 van it was
 2111 happening.
 2112 ((P))
 2113 Sue: And:: the programm::es not actually communicated to Jane is it ((P)) other
 2114 than verbally.
 2115 Amanda: Mmhm she seem to actually.
 2116 ((P))
 2117 Gail: We discuss with her of the morning we try to, em ((P)) to go to ((P)) well
 2118 ((P)) whatever ((P)) being another issue (*) em 'would you like to get up
 2119 and go to the van and go (Jane)'. Something like that.
 2120 Amanda: We were told when she is going to Broad Hills.
 2121 Gail: Yeah-yeah.
 2122 Amanda: She's told where Redcliff Street.
 2123 Gail: We going to Broad Hills ((P)) going to the music programme and Clare's
 2124 programme-programmes (workshop). Where going to Broad Hills your
 2125 going to see those couple bad girls ((P)) up there. Something-something
 2126 along that line. So we never take a client out ((P)) unless they are
 2127 informed. We never take a client to their room unless we inform em: them.
 2128 'We are going to go to your rooms to put your shoes and socks on so we
 2129 and go out'.
 2130 Sue: Em.
 2131 Gail: We do [a lot of talking.
 2132 Sue: Ok
 2133 Sue: Mmhm.
 2134 Gail: ° We do a lot of talking °
 2135 Sue: ((Laughs)) Fair enough Ok.
 2136 Gail: She is a lovely lady.
 2137 Sue: Oh I know, I know.
 2138 Gail: She is such a[delight.
 2139 Sue: [She-she was always one of my favourites.

2140 *Gail:* Em, would you be interested in looking at some photographs:: ((P)) of
2141 Jane doing activities ((P)) or: (*) having (*) meals out at, restaurants,
2142 Parks.
2143 *Amanda:* Because I think that one of the thoughts that that she was sick and tired of
2144 the day support programmes (laughs). That was one of the =
2145 *Sue:* =People come
2146 up with or sorts of ideas why [behaviours or occurring.
2147 *Amanda:* Yeah (*) [yeah.
2148 *Gail:* [Em: Oh-oh-oh [I made one thing.
2149 *Sue:* [How long has she being doing her current
2150 programme.
2151 *Gail:* EM:: [only a number of weeks It's a new one.
2152 *Amanda:* [It's changed] ((P)) yeah It changes (*) but the things that-that she-
2153 we know that she particularly likes [aren't] any different yeah.
2154 *Sue:* [Keep going.]
2155 *?:* Oh.
2156 *Amanda:* Yeah.
2157 *Sue:* Yeah.
2158 *Amanda:* And once she shows signs that she doesn't like it (?) swap to something
2159 she actually does like and ((P)) yeah it's a bit, there's a bit of (flexibility).
2160 *Gail:* She lets us know very quickly.
2161 *Sue:* Yeah-yeah.
2162 *Amanda:* But it's from (*) liking something to going out or an out.
2163 *Sue:* Yeah-yeah ((P)) Ok.
2164 ((P))
2165 *Gail:* Two workers to four clients one in wheelchair one need assistance with
2166 walking its very, you got to take (*) out ((P)) you are well aware (laughs))
2167 well aware ((laughs)) yeah.
2168 *Sue:* Em:: ((P)) I'd- at this stage thanks for the offer but at this stage.
2169 *Gail:* No.
2170 *Sue:* I'll probably don't need much, the photographs. I think =
2171 *Gail:* = [I did not realise
2172 *Sue:* [Just getting
2173 around.
2174 *Gail:* You ((P)) you knew the client ((P)) you knew the client well.
2175 *Sue:* ((Giggles))
2176 *Gail:* I think it's wonderful. I would love to sit down and talk to you one day,
2177 jus-
2178 *?:* Em.
2179 *?* Yeah.
2180 *Sue:* Is the microphone still on.
2181 ((David enters the room.))
2182 *Amanda:* I think so.
2183 *Gail:* Is the microphone off.
2184 *Amanda:* My stomach's rumbling ((P)) so any funny noises.
2185 *Sue:* ((Laughs)).

2186 *Amanda:* Finished.
2187 *David:* I hope it's recorded.
2188 *Gail:* You have to delete those like you do with the client's names.

Appendix III: **Information and Consent Sheet**

Information Sheet

Title Of Investigation

Investigation into practical reasoning used by support workers and professionals in formulating strategies to manage challenging behaviour of individuals with an intellectual disability

Investigators

The Chief investigator of the study is Dr. Christopher Newell, Senior Lecturer, School of Medicine, University of Tasmania. All direct contact with the participants of the study will be via Mr. David Wareing. Any enquiries may be directed, in complete confidence, to Dr. Newell on ph 62264740.

Purpose of the Study

The investigation is looking into how support workers and professionals apply their practical reasoning (or common sense) in formulating behavioural management strategies in relation to people with an intellectual disability who are displaying challenging behaviour. It is not the intent of the study to explore how support workers or professionals “see things” but to gain an insight into how “things are done”.

The most important thing for the study is to see how and what actually happens in the development of strategies. As such, the study has been designed to be a witness to the real life use of practical reasoning that is, it is the intent of the study to follow a number of behavioural interventions and examine the development of strategy. These behavioural interventions will be audio taped to allow for analysis.

The study is a part of David Wareing undertaking to fulfil the requirements for a Master Degree in Medical Science by Research in the University of Tasmania

Criteria for Inclusion or Exclusion

The investigation is interested in determining how and what type of practical reasoning is used during a behavioural intervention auspice by the Resource Team of Disability Services Tasmania. The behavioural interventions selected to be part of the study will be the first 6 behavioural intervention referrals accepted by the Resource Team and having the informed consent of those individuals taking part or those interventions commenced within 9 months of the starting date of the investigation. The study is in only interested in those support workers and professionals taking part in these interventions or associated with the start-up of these interventions.

At no time will the study deal directly with a person with an intellectual disability or an individual that is unable to give informed consent.

Study Procedures

The investigation will involve passive observation and audio recording of the assessment and the strategy development stage of a behavioural intervention. Written text relating to the behavioural intervention, such as Behavioural Analysis Forms (BAF), Intervention Strategy and Minutes associated with meeting will be copied and used for the purpose of the study.

Data collection will be gathered on the understanding that it will be used only for the purpose of the study or subsequent or associated publications. The audiotapes will not be made available to any parties involved in the Behavioural Intervention.

Mr Wareing, a part form his role as an investigator, will not take part in any behavioural intervention that have been selected as part of the study.

Payment to Participants

No payment will be to made in any participant taking part in the study.

Possible Risk or Discomfort

Due to the passive observational nature of the study there is no foreseen physical risk to an individual.

While some participants may feel some embarrassment caused by the audio recording of the sessions of a behavioural intervention, they should be assured that no one other than the research team, Wareing and Newell, will hear the recordings. No reference to participants will be made in subsequent contacts and there is no intention to judge people's comments.

Confidentiality

The major concern associated with the study is to ensure confidentiality and anonymity of those individuals taking part and of any client referred to as displaying the challenging behaviour. This single issue is of the greatest concern to the investigators.

Therefore:

1. all names will be removed and replaced by corresponding gender names randomly chosen from the Oxford Dictionary of Names.
2. the notion of professionals will include all allied health professionals working in the Resource Team and not only the psychologist. This will represent a group of 12 to 15 individuals.
3. no specific reference will be made to a physical location within Tasmania

Storage

During the investigation, all audiotapes or copies of written text made will be kept in a locked metal box/filing cabinet, housed at 199 Sommers Bay Road, Murdunna (the residence of the Mr D. Wareing). On completion of the investigation, these materials, including related research records, will be transferred to the locked store of the Discipline of General Practice at Collins Street Hobart for 7 years.

Any transcription made of the audiotape will conform to the practices specified in the points listed/enumerated above.

These steps will be taken to ensure the anonymity of all persons or groups taking part in or being referred to in the study and will reduce the potential risk of an individual or group being identified.

Freedom to Refuse

Any individual who wishes to withdraw consent will be supported in their actions. This withdrawal can happen at anytime without prejudice.

Concern or Complaints

Any participant who has any concerns of an ethical nature or complaints about the manner in which the project is conducted, is encouraged to contact the Chair or Executive Officer of the University Human Research Ethics Committee. The Chair is Associate Professor Margaret Otlowski, phone (03) 6226 7569 and the Executive Officer is Ms Chris Hooper (03) 6226 2763).

Ethics Approval

The study outlined above has been given approval by the University Human Research Ethics Committee on the (approval date required).

Results of the Investigation

On completion of the study all participants will be sent notification of the completion of the study, thanking them for their participation, outlining the findings of the study and giving them information on how they can view a copy of the results or contact investigators for enquires. All participating organizations will be sent a copy of the results. It is hoped to submit articles presenting significant findings.

Information Sheet and Consent Form

All participants will be given copies of the (i.) information sheet and (ii.) statement of informed consent to keep.

Statement of informed consent

Title of Investigation:

Investigation into practical reasoning used by support workers and professionals in formulating strategies to manage challenging behaviour of individuals with an intellectual disability

1. I have read and understood the 'Information Sheet' for this study.
2. The nature and possible effects of the study have been explained to me.
3. I understand that the study involves the following procedures: passive observation and audio recording during the assessment and strategy development stage of a behavioural intervention and the copying of written text relating to the behavioural intervention, such as Behavioural Analysis Forms (BAF), Intervention Strategy and Minutes of meetings.
4. I understand at no time will the study deal directly with a person with an intellectual disability or an individual who is unable to give informed consent.
5. I understand that there is not physical risk involved in the study. Some embarrassment may be involved in having my voice recorded.
6. I understand that all research data will be treated as confidential.
7. Any questions that I have asked have been answered to my satisfaction.
8. I agree that research data gathered for the study may be published provided that I cannot be identified as a participant.
9. I agree to participate in this investigation and understand that I may withdraw at any time without prejudice in my role as a support worker or professional.

Name of participant

Signature of participant Date

-
10. I have explained this project and the implications of participation in it to this volunteer and I believe that the consent is informed and that he/she understands the implications of participation.

Name of investigator David Wareing

Signature of investigator Date

Back Pocket:
Publication Relevant to the Thesis

Wareing, D., & Newell, C. (2002)
Responsible choice: The choice between no choice. Disability & Society, 17(4), 419-434.

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